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ABSTRACT

This report discusses the substance use patterns and problems of black adults and youth relative to other groups (primarily whites). In addition, the report examines recent and older literature in order to reveal factors that may influence use and issues that need to be considered in designing prevention programs. The following sections are included: (1) "Nature and Extent of Use"; (2) "Substance-Related Problems"; (3) "Correlates of Use"; (4) "Prevention"; and (5) "Summary and Conclusions." Within each section, adults, youth, and use of various drugs are considered separately. The following findings are presented: (1) there is a paucity of research on substance abuse among black youths and on prevention programs designed for them; (2) alcohol and other drug use is lower among black adolescents than among whites; (3) blacks report the highest number of problems for each ounce of alcohol consumed per day compared to other ethnic groups; and (4) once blacks enter young adulthood, their risk of developing alcohol-related problems is substantially greater than that for whites. Abstracts of 12 documents concerning substance abuse among blacks are included. A list of 131 references is included. (JS)

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SUBSTANCE ABUSE AMONG BLACK YOUTH

Prevention Research Update

Number Four / Fall 1989

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Prevention Research Update is a quarterly current awareness service, prepared by the Western Center for Drug-Free Schools and Communities, which summarizes recent research on adolescent drug abuse and its prevention. Each issue abstracts and reviews the prevention implications of new research dealing with a major topic of concern in the field, placing the new information in the context of past findings. The goal is to help bridge the communications gap between the researcher, the practitioner, and the general population, by disseminating research findings in an accessible manner and providing an introductory review of their significance. Abstracts are arranged alphabetically by first author's last name. Preceding the abstracts is an overview discussion in which references to abstracted studies are identified by an asterisk (*). References to all documents cited are located following the abstracts. Copies of the Updates are available from all the Western Center sites.

SUBSTANCE ABUSE AMONG BLACK YOUTH

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OVERVIEW

Introduction

Although Black Americans are the largest racial minority group in the United States, constituting 27 million people or 12% of the total population, we know very little about alcohol and other drug abuse (AODA) among Black youth. In some respects, Black youth have been even less researched than their Latino and Native American peers. Furthermore, the literature that does exist suffers from a number of problems and limitations, many of which characterize the literature on minority drug use in general (Austin 1989; Austin and Gilbert 1989).

First, research specifically on substance abuse among Black adolescents is meager, a fact that is continually lamented in the literature (Atkins, Klein, and Mosley 1987*:1202; Harper 1988*:7; Watts and Wright 1983:76). While the number of studies has increased over the past decade, most of the research continues to be largely descriptive, often being based on subjective or anecdotal information, and it is still far from providing an adequate understanding of the nature and extent of the problem.

Second, while Blacks are usually included in national and school-based surveys of alcohol and other drug use, the published results of these surveys are not always broken down by race (e.g., the National High School Survey). Even if separate results from a survey are reported for Blacks (and other minorities), their numbers may be too small for meaningful generalization.

Third, most of the published literature that does focus on Black youth deals with alcohol rather than with other drugs. (For earlier reviews of the literature on Blacks and alcohol, see Dawkins 1976; Harper 1976; Harper and Dawkins 1976; Blane and Hewitt 1977; Dawkins 1980; King 1982; Watts and Wright 1986; and Herd 1989; similar reviews for illicit drug use among Blacks have not been found.)

Fourth, there has been an assumption in the research community that the proper way to study Black and other minority populations is to compare them with Whites. Doing so, however, usually means that the different behaviors, values, and problems of sub-groups of Blacks are ignored. As a result, Blacks have seldom been surveyed as to their drug use with specific reference to cultural values and social practices, family and peer influences, use meanings and functions, or socioeconomic factors such as family income or residence.

Finally, comparison of results across studies is often difficult because of differences in sample characteristics, definitions of terms, measures of drug use, and types of data analysis (Dawkins 1980:1-26; Trimble, Padilla, and Bell 1987:20; Mosley, Atkins, and Klein 1988:51).

Given the limited knowledge regarding substance abuse among Black youth, it is difficult to develop education and prevention programs that are targeted to their specific needs. Because of the relative lack of empirical research studies on substance use among Black youth, some of the studies that we have reviewed and abstracted in this issue of the *Prevention Research Update* are older than those included in previous Updates. Nonetheless, an examination of recent and older literature does at least indicate overall use patterns and problems, factors that may influence use, and issues that need to be considered in designing prevention programs. In general, contrary to popular stereotypes that drug use is pervasive among Blacks, the evidence indicates that AOD use is lower among Black adolescents than among Whites. However, although less clear, the evidence also suggests that Blacks may be at greater risk of experiencing substance-related problems.

Nature and Extent of Use

Research reports have consistently shown differences in the youthful AOD use between Blacks and other ethnic groups. Most significantly, Black youth generally have lower rates of alcohol and illicit drug use than do most other ethnic groups (the usual exception is Asians). For instance, Maddahian, Newcomb, and Bentler (1986, 1988) in a sample of students in Los Angeles schools in 1980 found that Blacks had a significantly lower level of alcohol and hard drug use than Whites and Latinos. Although they also had lower levels of cannabis and nonprescription drug use, none of the intergroup differences was significant (for a discussion of the findings in regard to the other ethnic groups, see Austin 1989 and Austin and Gilbert 1989). As will be discussed further below, these differences suggest that prevention programs must take into consideration the varying drug use patterns across ethnic groups.

Alcohol

Adults. A brief summary of the drinking patterns among Black adults will help place youthful drinking in context. The following profile is based on results from a national survey of drinking patterns and problems among Black adults (n=1,947) as compared with Whites (n=1,771) conducted in 1984 (Herd 1989:25-38). Black men had a higher percentage of abstainers than White men (29% vs. 23%), but among drinkers, the percentages at various levels of use differed by no more than 2%, except for the heaviest drinking category, where Blacks were slightly lower than Whites (15% vs. 19%). Differences between women were more pronounced: 46% of Black women were abstainers, compared with 34% of White women. Similar proportions of Black and White women reported lower levels of drinking, while White women were more likely to report higher levels of drinking. At the highest drinking level, however, the percentages were nearly the same (4% for Blacks, 5% for Whites). Heavy drinking among White men was found to be concentrated in the 18-29 age group, whereas among Black men it was in the 30-39 age group. As with men, White women in their twenties were more likely than similarly aged Black women to report heavy drinking; for older age groups, Black women had either similar or lower percentages at the various drinking levels. For most age groups, abstinence was substantially higher among Blacks than among Whites.

Although Blacks were more likely to be abstainers and to have lower levels of alcohol use than Whites, Black males had more drinking problems than White males. Substantial differences between Black and White males existed for binge drinking (4.0% vs. 1.6%), health problems (15.3% vs. 6.4%), symptoms of physical dependence (29.5% vs. 9.9%), and symptoms of loss of control (17.2% vs. 11.2%). By contrast, alcohol problems were lower among Black

women than among White women, although the differences between them were not as great as for men. Drinking problems were most common in the 18-29 age group for White men, but in the 30-39 age group for Blacks. While problems declined for both groups with increasing age, the level of problems remained higher among Blacks than among Whites in middle and old age.

Other studies have indicated that Blacks tend to drink on the weekend and paydays, and prefer stronger alcoholic drinks such as Scotch--practices that may partly account for their higher risk of alcohol problems (Connors, Maisto, and Watson 1988:248; Clifford and Jones 1988:275; Clifford and Rene 1985:54).

Adolescents. Turning from adults to adolescents, what is striking is the low level of alcohol use of Black youths relative to Whites. National and school-based surveys conducted since the mid-1970s have consistently shown that Black youth differ from White youth in their levels and patterns of use. Black youth have higher rates of abstinence, and those who do use alcohol drink less and have lower levels of heavy drinking than Whites. Unlike the situation with Black adults, they also have fewer social problems resulting from drinking than White youth (Secretary's Task Force 1985:131).

National Population Surveys. For instance, in a nationwide Gallup household survey conducted in 1980 of drinking practices among young people ages 13-18 (n=1,003), over half (53%) of Blacks said that they were nondrinkers (never drank or drank less than once a year), compared with 38% of Whites. Only 1% of Black teenagers reported heavy drinking (drink at least once a week and drink large amounts at a typical drinking occasion), compared with 7% of Whites (Zucker and Harford 1983:980). A nationwide survey of young people age 19-26 conducted in 1983-1984 found that by age 19 a substantially larger proportion of Whites than Blacks reported that they had begun to use alcohol weekly: 51.7% of White males and 30.6% of White females, compared with 38.3% of Black males and 16.8% of Black females (Mott and Haurin 1988:130).

The National Household Survey on Drug Abuse conducted in 1985 found large differences between Black and White youth in drinking (NIDA 1988:78-82). In the 12-17 age group (n=2,246), use of alcohol at least once was reported by 38.8% of Blacks, compared with 60.7% of Whites and 44.1% of Latinos. Blacks also reported lower levels of use in the past year and the past month. As is true generally, females had lower rates than males. For instance, 17.9% of Black females had used alcohol in the past month, whereas the figure for Black males was 23.8% (corresponding figures for Whites were 32.3% and 36.1%).

National Student Surveys. A nationwide survey of high school students in grades 10-12 (n=4,918) conducted in 1978 by the Research Triangle Institute (RTI) provides data indicating that, in general, Black students drank less frequently and consumed smaller amounts per occasion than did White students. Fewer Blacks reported drinking at least once than did Whites (83% vs. 89%). Weekly use was reported by 19% of Blacks, but 30% of Whites. Heavy drinking was four times higher among Whites than Blacks (16% vs. 4%). In addition, both drinking frequency and drinking quantities were significantly higher for Whites than for Blacks. These differences continued to hold when relevant demographic variables were controlled (Lowman, Harford, and Kaelber 1983; Harford and Lowman 1989*).

The markedly lower level in drinking prevalence found in the National Household survey (38.8%) compared with that in the RTI survey (83%) may possibly be partly explained by an overall decline in alcohol use, but more likely it is due to the difference in the age ranges of the two samples: 15-18 years for the RTI sample and 12-17 for the NIDA sample. Even allowing for the differences in time and in the age range, however, the 38.8% lifetime prevalence rate for Black youth found in 1985 seems unusually low compared with results from other surveys, especially since this was a household survey which probably included more of the heavy-using school dropouts.

Donovan and Jessor (1978) reported that, in a national survey of junior-senior high school students, problem drinking among Black youth was substantially lower than among Whites, Latinos, or Native Americans.

State and Local Student Surveys. Two statewide school surveys confirm the lower levels of drinking among Black youth found in the national surveys. A study conducted in 1983 among 7th-12th grade students in New York State (n=27,335) provides a good overall picture of drinking behavior among Blacks compared with students in other ethnic groups (Barnes and Welte 1986). Out of six ethnic groups surveyed (White, Hispanic, Black, West Indian, Oriental, and American Indian), Blacks ranked fifth in the percentage of those who drank (or second in the percentage of abstainers). Fifty-nine percent of Black students drank at least once a year, compared with 76% of Whites. By sex, 64% of Black males and 54% of Black females were drinkers. Blacks ranked fourth (5%) in the percentage of heavy drinkers, whereas Whites ranked first (16%). In terms of quantity consumed, Blacks ranked lowest (an average of 0.51 oz. of absolute alcohol per day), compared with the highest amount among Orientals (1.46 oz.).

A survey of California secondary students conducted in winter 1985-1986 (n=7,379) found that in both Grades 9 and 11, Blacks had the second lowest level of alcohol use; in Grade 9, their alcohol use was significantly less than that of Whites and American Indians, and in Grade 11, significantly less than Whites and Hispanics (Skager, Fisher, and Maddahian 1986:56).

Surveys in local school districts generally provide similar findings. In the South, one exception is a survey of seventh-grade students (n=386) in two North Carolina school districts by Dignan, Steckler

et al. (1986). They found, contrary to all other studies examined, that Black males had a higher prevalence of alcohol use than Whites. Regular consumption of beer was reported by 16% of Black males and 8.8% of White males; percentages for regular consumption of wine and spirits were 9% and 6.2%, respectively. Black females reported slightly higher use of beer than White females (4.3% vs. 4%), but less than half as much regular use of wine and spirits (1.4% vs. 3.2%).

However, another study of adolescents from the South confirmed the lower use pattern among Blacks found in most studies: 23% of non-Whites and 16% of Whites had never used alcohol, whereas 15% of non-Whites and 34% of Whites reported using alcohol at least 20 times (Byram and Fly 1984).

The only recent study located that focused specifically on young Black females was a survey of the drinking habits of Black high school girls (n=196) in a small rural town in the deep South by Globetti, Alsikafi, and Morse (1980*). There was a strong abstinence tradition, and about two-thirds (65%) of the sample were nondrinkers. About a third (35%) were drinkers; among them, 35% drank seldom; 32%, occasionally; and 24%, frequently. These young females tended to use beverages of low alcohol content; they preferred wine (59%) to beer (22%) and distilled spirits (11%).

In the Midwest, a survey of seventh-graders (n=4,319) in several school districts in the Minneapolis-St. Paul metropolitan area indicated use of alcohol in the past month by 29.5% of Whites and 22.1% of Blacks; heavy drinking (consumption of at least five drinks at one session at least once in the past two weeks) was reported by 10.2% of Whites and 11.7% of Blacks. Although the difference for past month drinking was significant, that for heavy drinking was not, once other factors were adjusted for (Murray, Perry et al. 1987:360, 371).

A survey of a small sample (n=44) of Black students in alternative schools in a midwestern city found that 77% had never or seldom (once or twice a year) used alcohol, with the remainder reporting alcohol use from once or twice a month to often each day (Atkins, Klein, and Mosley 1987*).

Local Nonstudent Surveys. Only a few local surveys have focused on specific nonschool populations. A survey conducted in 1981 of young people at the San Diego Job Corps Center (n=335) found that drinking (use of alcohol in the previous six months) among Black males (87.5%) was equivalent to that among White males (87.8%), whereas drinking was lower among Black females (87.8%) compared with White (96.2%) females. The higher level of drinking reported by Blacks in this survey may be related to the higher average age of the subjects. The mean age for Black males was 19.0 years and for Black females, 18.7 (the mean age of the entire sample was 18.7 years), whereas in school-based surveys the average age is probably 16 years, at which age lower levels of use would be expected. The median age at first drink was later for Blacks than for Whites: for Blacks, males began drinking at age 12 and females at age 15; for Whites, drinking began a year earlier (Morgan, Wingard, and Felice 1984:192).

A community study in Oakland, California, in 1986-1987 found that 57% of the young Black interviewed (n=221, average age 14.5 years) had drunk alcohol at least once and that 27% were still drinking (Nobles, Goddard et al. 1987:25).

Discussion. In summary, with few exceptions, surveys of national, school-based, and local populations have found that alcohol use among Black youths is less than that of Whites. What accounts for this difference? Two possible methodological explanations seem to have little plausibility. First, the observed Black-White differences may result from underreporting of alcohol use by Blacks; in particular, those attending predominately White schools might be inclined to withhold information that would reflect unfavorably on themselves or their race. But analysis of the results of various surveys have shown this not to be the case; Black students in predominantly White schools report the same levels of use as Blacks in predominantly Black schools (Lowman, Harford, and Kaelber 1983:41; Harford 1986*:131; Harford and Lowman 1989*:60).

Second, because school surveys exclude students who have dropped out, among whom substance use has been found to be higher than among in-school students, high dropout rates among Black youth could account for the lower drinking rates found among those Blacks who remain in school. As many as 35% of urban teenagers (a high proportion of whom are Black) drop out of school. Determining whether differential dropout rates do provide an explanation of the differences in alcohol use would require knowing the dropout rate in or near the year of a given survey and in the area in which the survey was conducted. For instance, Barnes and Welte (1986:59) report that in New York State Blacks did have higher dropout rates at the time of their survey (1983). But if differential dropout rates do account for the differences in alcohol use by Black and White young people, one would expect that household surveys, in which being out of school is not a factor, would find equivalent or even higher rates of use among Blacks. In fact, the lower use patterns among Black youth are also found in national household and other non-school-based surveys (e.g., Zucker and Harford 1983; Morgan, Wingard, and Felice 1984), but even here there may be a question of whether the samples are representative of Black youth generally. Tentatively, we may conclude that differential dropout rates are not the major explanation for differences in Black-White rates of alcohol use, but the need for further research in this area is evident.

The explanation for differences between Black and White youth in their drinking patterns would seem to lie elsewhere than in underreporting or unrepresentative samples. One likely explanation is that Black youth begin drinking later than Whites. Although a number of writers have stated that

drinking begins earlier among Blacks than among Whites (e.g., King 1985:90; Clifford and Rene 1985:53; Thompson and Simmons-Cooper 1988:22), the source for all these statements can be traced back to a study by Viamontes and Powell (1974), which drew from a population of adult alcoholic patients in an urban mental health center. While it may be true that Black alcoholics have an earlier onset of drinking than White alcoholics, this relationship would not necessarily apply to the general population. In fact, all general population and school-based surveys that have been reviewed report that drinking begins later among Black youth than among Whites and also that heavier drinking begins later for Blacks (Lowman, Harford, and Kaelber 1983:40; Harford 1986*:134; Harford and Lowman 1989*:55; Morgan, Wingard, and Felice 1984:192; Maddahian, Newcomb, and Bentler 1986:71; Welte and Barnes 1987:332). Thus, the later onset of alcohol use among Blacks is probably one reason for the lower prevalence rate among Black youth compared with Whites; it may also account for the lower level of drinking problems by Black adolescents (see below). At the same time, a number of studies have indicated that early initiation to drinking in school populations is associated with more drinking problems in young adulthood, but the results of these studies do not reveal whether there are ethnic differences in this regard (Dawkins 1986:25; Humphrey and Friedman 1986; Singer and Petchers 1987:468).

Other Drugs

Studies on the use of drugs other than alcohol among Black youth are few, even compared with what is available on Native Americans and Latinos (see Austin 1989; Austin and Gilbert 1989). But the research that does exist indicates that, as with alcohol, Black young people generally have lower rates of drug use than Whites and other ethnic groups.

For instance, in a survey of high school students in Philadelphia (n=480), Kovach and Glickman (1986:68) found significantly lower rates of drug use among Blacks than among Whites. "Drug use" was defined as the use of marijuana or alcohol at least once a week in the past three months or the use of other illicit drugs at least once in the past year; "nonuse" was defined as no use of drugs or alcohol in the past year. These definitions thus eliminated casual or experimental users from the analysis. A third (33.7%) of the Black students were drug users, compared with two-thirds (66.3%) of Whites; the percentages for nonusers were 69.7% of Blacks and 30.3% of Whites [note that the percentages within racial groups do not add to 100%].

In their large-scale survey of students in New York State, Welte and Barnes (1987:331) reported that American Blacks and West Indian Blacks had the lowest levels of illicit drug use out of six ethnic groups. In another study, Black students attending alternative schools in a midwestern city reported low levels of drug use: over 90% had never used or had seldom used drugs other than tobacco, alcohol, or marijuana (Atkins, Klein, and Mosley 1987*:1205). A recent survey (1988) of students in Texas secondary schools found that Blacks reported lower use of all substances (tobacco, alcohol, marijuana, cocaine, inhalants, and uppers) than did Whites or Latinos (Fredlund, Spence, and Maxwell 1989:6). In a survey of youth at a juvenile detention center in a southeastern city (n=145), it was found that Blacks had lower reported levels of alcohol, tobacco, and illicit drug use than non-Black (primarily White) youth (Dembo, Dertke et al. 1988:370). A nationwide survey of young adults (19-26 years) found that two and a half times as many White as Black males and nearly four times as many White as Black females reported that they had initiated the use of drugs other than alcohol or marijuana by age 19 (Mott and Haurin 1988:130).

It should also be kept in mind that drug preferences among Black youth differ significantly among cities. Drug-related emergency room visits recorded by the Drug Abuse Warning Network in 1987 revealed that PCP use was widespread in Washington, D.C. (17% of all ER episodes) and was reaching epidemic proportions in St. Louis, Missouri (42%), but was virtually unknown in Detroit and Seattle. Heroin overdoses were frequently reported in Seattle, but rarely in St. Louis. Methadone abuse appears to be a significant problem in New York, but is only slightly more widespread than LSD abuse in most other communities (WACADA 1989).

Marijuana. According to the 1985 National Household Survey, lifetime marijuana use was similar among Black and Latino youth (19.4% and 19.6%, respectively), but higher among Whites (24.8%). For current (past month) use, the percentages were 8.2% of Black youth, 9.1% of Hispanic youth, and 13.0% of White youth (NIDA 1988:35-37).

The 1986 survey of students in California found that Blacks had the second lowest level of marijuana use in grades 9 and 11, and significantly less so than Whites and Hispanics in grade 11 (Skager, Fisher, and Maddahian 1986:58).

A small survey in the Midwest found that 77% of the sample of Black students had never or seldom used marijuana, with the remainder reporting marijuana use from once or twice a month to often each day (Atkins, Klein, and Mosley 1987*:1206). Among seventh graders in Minneapolis-St. Paul, Blacks were twice as likely as Whites to report marijuana use in the past month (11.9% vs. 4.7%), but further analysis of the data by various subgroups indicated a more complex pattern: Blacks were more likely than Whites to use marijuana if they were female and if their mothers held white-collar jobs, but they were less likely to use marijuana if they were male and their mothers did not hold white-collar jobs (Murray, Perry et al. 1987:360, 371). This type of subgroup analysis within ethnic groups is rare among drug studies and should be carried out more often.

In the San Diego Job Corps sample, 38.9% of Blacks regularly used marijuana, compared with 53.3% of Whites and 33.3% of Latinos (Morgan, Wingard, and Felice 1984:194). These figures may not represent the actual level of marijuana use within the whole sample because they refer only to drinkers, although 85% of the total sample did use alcohol during the previous six months.

Using data from the 1978 RTI nationwide survey of high school students, Lowman, Harford, and Kaelber (1983) analyzed the patterns of marijuana use in relation to drinking. A substantial proportion of Black students used marijuana before beginning alcohol use. Thus, among Black marijuana users, 24% did not use alcohol, in contrast to only 4% of White marijuana users. Also, Blacks were less likely than Whites to report simultaneous use of alcohol and marijuana. Among males, simultaneous use was reported by 9% of Blacks and 20% of Whites; among females, the figures were 7% and 17%, respectively.

Cocaine. The results of NIDA's 1985 National Household Survey indicated that 2.9% of Black youth reported having used cocaine at least once, compared with 5.1% for Whites and 6.3% for Hispanics. Use of cocaine in the past month was reported by 1.0% of Blacks, 1.5% of Whites, and 2.5% of Hispanics (NIDA 1988:46-48). In the survey of California secondary students, although Blacks in the 9th grade had the lowest level of cocaine use, the differences with the other ethnic groups were not significant; for 11th graders, Blacks again ranked lowest in use, with significantly less use than Whites and American Indians (Skager, Fisher, and Maddahian 1986:59). Among the subjects who drank in the San Diego Job Corps sample, the percentage for regular use of cocaine for Blacks fell between that for Whites and Hispanics; 7.4% of Blacks regularly used cocaine, compared with 6.7% of Whites and 8.1% of Hispanics (Morgan, Wingard, and Felice 1984:194).

No survey research with random representative samples has been published on the recent rise in the use of crack; furthermore, crack has not, until very recently, been reported separately from other cocaine products in use surveys and seizure data. But news reports, preliminary ethnographic studies, and various drug abuse indicators, such as admission figures to emergency rooms and treatment programs, suggest that crack use is a particularly serious problem in Black and other minority communities (Hunt 1987:14-15). This is clearly an area that requires research both of the extent of crack use among Black youth and of the problems that it causes.

Inhalants. In the 1985 National Household Survey, nearly half as many Black youth reported that they had used inhalants as did Whites (5.6% vs. 10.1%) (NIDA 1988:57). In the 1986 survey of California schools, no differences in inhalant use were found between the ethnic groups for 9th-grade students, but for the 11th grade, Blacks had the lowest levels of use, with the differences from Whites and Hispanics being significant (Skager, Fisher, and Maddahian 1986:60). Surveys of students in New York State indicated that solvent use increased between 1978 and 1983 among Blacks, but there were gender differences across years and in different parts of the state. In New York City, use more than doubled--from 3.5% to 7.6% for males and from 2.5% to 6.2% for females; in the rest of the state, use among males again more than doubled (from 5.8% to 13.4%), but increased only slightly among females (from 6.5% to 6.8%). In both years, use was higher in parts of the state outside of New York City. Finally, in both years, Black males and females had lower levels of solvent use in New York City than their White and Hispanic counterparts; in the rest of the state, however, Black males ranked between Hispanic and White males in both years, while Black females reported the lowest use rates in both years (Frank, Marel, and Schmeidler 1988:88).

Stimulants. In the 1985 National Household Survey, 2.1% of Black young people reported nonmedical use of stimulants, compared with 6.5% of Whites and 4.5% of Hispanics. Less than 0.5% of Blacks reported past month use, compared with 2% of Whites and 0.7% of Hispanics (NIDA 1988:66). In the San Diego Job Corps sample, regular speed use (among drinkers) was reported by 5.6% of Blacks, 8.3% of Whites, and 7.1% of Hispanics (Morgan, Wingard, and Felice 1984:194).

Heroin. Most surveys of adolescent drug use either do not ask about heroin at all, group it with "hard drugs" or "other drugs," or, when heroin is included, elicit very low percentages (less than 0.5%) (e.g., NIDA 1988:63). In addition, general population and school-based surveys are likely to underestimate the prevalence of heroin use because those young people most likely to use heroin (inner city youth who are unemployed and not in school) are underrepresented in the survey samples. Among Blacks generally, the use of opiates was high relative to Whites for the early half of the present century, but in recent decades racial differences among opiate users have been diminishing (Clifford and Rene 1985:52-53).

While local community studies of heroin use are not appropriate for estimating prevalence in the general population, they are useful for understanding the dynamics and patterns of heroin use within a high-risk population. One of the most important of such studies was conducted by Brunswick and her colleagues in the late 1960s and early 1970s in Harlem. The results indicated that heroin use was high in 1975-1976 among Harlem young people (18-23 years) compared with rates found in a national survey of young men conducted in 1974-1975: 18% of the males in the Harlem sample had used heroin at least once, whereas in the national sample the percentage was 14% for Blacks and 6% for all males. Significantly, whereas 13% of the Harlem youth (males and females) had used heroin three or more times during their lifetime, only 3% of the sample were current users (no use in the past year), indicating that a substantial proportion of those who had initiated use were no longer heroin users. The age at

which they were at greatest risk for initiation of use was 13-18 (Brunswick 1979:451-452).

Although use levels in the total sample were high, an analysis of the Harlem sample by birth cohort showed a decline in heroin use among young Blacks in Harlem in the early 1970s. This decline was found to be associated--not with supply, cost, law enforcement, or treatment availability--but rather with concerns among users and potential users over the consequences of drug use on others, on self-control, and on personal health. These concerns, in turn, were associated with broad social changes occurring within the Black community in the late 1960s that had fostered racial pride and responsibility (e.g., community organizations, Black Muslims, and self-help activities). In other words, those birth cohorts that entered the age of risk for heroin use in the late 1960s encountered negative community attitudes toward heroin and heightened awareness of the threat heroin use posed to personal and social welfare. Thus, fewer Black young people began to use heroin or, if they did, they soon stopped; in addition, members of older cohorts who had already taken up heroin probably were under greater pressure to cease use. The findings suggest that initiating and discontinuing heroin use are often rational choices based on a weighing of benefits against estimated costs. Also, the strongest deterrents to use appear to have been direct observation and personal experience (Boyle and Brunswick 1980).

Substance-Related Problems

In his pioneering book *Alcohol Abuse and Black America*, Frederick Harper (1976:1) concluded that alcohol abuse was the most serious health problem facing Black Americans, a conclusion also reached by King (1982:387) in his review of literature published between 1977 and 1980. Watts and Wright (1983:5) also called alcoholism the primary health and social problem faced by Blacks next to racism. Specifically, Black Americans are at greater risk than Whites for the adverse consequences of alcoholism, including cancer, pulmonary disease, malnutrition, hypertension, and birth defects. The death rate from liver cirrhosis is nearly twice as high for Blacks as for Whites; in the 25-34 age group, it is ten times as high in some cities (Williams 1985:31).

Compared with Whites, Blacks are more likely to be victims of alcohol-related homicide, to be arrested for drunkenness, and to be sent to prison rather than to treatment for alcohol-related crimes (Dawkins 1980:3). The onset of alcohol-related problems occurs earlier among Blacks than among Whites, and Blacks are three times more likely than Whites to be in treatment for drug abuse (Atkins, Klein, and Mosley 1987*:1210; Secretary's Task Force 1985:136). The seriousness of the alcohol problem in the Black population highlights the importance of understanding drinking among Black youth and of developing effective prevention programs that might alleviate the burden that alcohol places on Black Americans.

A few recent surveys have examined the social and behavioral problems that are associated with substance use (mainly alcohol), either within the population of Blacks youth alone or across ethnic groups. The latter studies are more useful in that they provide an indication of the relative severity of problems in different groups. A survey of nearly 12,000 students (16 year and older) in New York State in 1983 found that Black students reported a lower frequency of driving while intoxicated (from alcohol or drugs) during the past year (9%) than Whites (27%) or Hispanics (13%). The average number of times that Black students said they had driven while intoxicated during the past year (0.7) was less than half the mean for the total sample (1.8) (Barnes and Welte 1988:372). Among Job Corps members in San Diego, Blacks reported lower levels of alcohol-related problems than Whites: any problems, 58.6% for Blacks and 63.9% for Whites; vocational problems, 31.0% and 34.4%; legal problems, 17.2% and 24.6%; and medical problems, 43.1% and 52.5% (Morgan, Wingard, and Felice 1984:193).

Dawkins and Dawkins (1983) studied the effect of drinking on criminal behavior among adolescents in a juvenile training facility (n=342). Among various correlates of delinquency (sex, father's occupation, arrest rate, association with criminals or drug users, heroin use, and drinking frequency), drinking was the strongest correlate of both minor and serious delinquent offenses among Black youth and remained so when the other variables were held constant. The same strong correlation between drinking and delinquency was found for Whites, but not for Latinos. For Blacks specifically, the results indicated that males who had been arrested previously and who frequently engaged in drinking had a higher likelihood of being involved in juvenile offenses than other Blacks.

In a survey of Black young people (n=728; age 11-16) in Baltimore in 1978, Gay (1981) found that drinkers were significantly more likely to report health problems than nondrinkers. Similar results were reported for alcohol in an earlier survey of Black youth in Harlem by Brunswick and Tarcia (1974) and for drugs by Brunswick (1977) and Brunswick and Messeri (1986*). None of these studies, however, provided a comparison with other ethnic groups.

Nobles and his associates (1987) conducted the only known study to have examined the effects of drug trafficking and other drug-related activities on a Black community. In 1986-1987, they interviewed 234 adults and 221 young people (average age 14.5 years) in Oakland as to their perceptions of the drug problem in their neighborhood. The responses from young people indicated that 85% knew what drugs were being sold on the streets, 71% had seen someone they knew taking drugs, 86% were aware of drug-related activity in their neighborhood and 91% of

these witnessed it daily, and 66% believed that youth were attracted to the drug lifestyle. Adults and children who were more aware of drug activity in their neighborhood also reported more symptoms of psychological stress and trauma. Throughout the community, there was both a sense of fear, hopelessness, and powerlessness in the face of drug trafficking and a deep concern that children were internalizing the values, rules, and attitudes of the drug culture rather than those of Black culture. The major conclusion of the study was that the drug culture in Oakland had become a major threat to the Black family and to the survival of traditional Black values. This study emphasizes the fact that illicit drug use in urban centers is not merely a problem for individual drug users; it also adversely affects the ability of the entire community to function and deal with its other problems.

Although levels of substance use among Black youth are lower than those among most other racial or ethnic groups, the adverse consequences of drugs on Black teenagers may be more serious than on other groups. In the New York State student survey, for example, Welte and Barnes (1987:331) reported that Blacks, despite their relatively low level of consumption, had the highest mean number (5.9) of self-reported alcohol-related problems (trouble with teachers or the police, driving after drinking, drinking during school, etc.) for each ounce of alcohol consumed, whereas Whites and Oriental students had the lowest levels (2.2 and 2.1, respectively). This suggests that drinking by itself is not the only factor implicated in the development of alcohol problems, at least for the acute problems that are typically seen in young drinkers. In the New York survey, West Indian Blacks, like American Blacks, reported low rates of alcohol use, but, unlike Blacks, they reported considerably fewer alcohol-related problems, which Welte and Barnes (1987:334) attribute to their middle-class status, although social class was not directly determined in this survey.

At even moderate use levels, the adverse consequences of substance use may be exacerbated by the conditions of poverty, unemployment, discrimination, poor health, and despair that many Black youth face daily. In 1984, the unemployment rate among Blacks generally was 15.1%. The median family income was $15,432, and 33.8% of Blacks lived below the poverty level ($9,490). In addition, the general health status of Blacks was lower than that of Whites. In 1983, the life expectancy for Black men was 65 years (compared with 72 years for White men) and for Black women, 74 years (compared with 79 years for White women). The age-adjusted mortality rate per 1,000 population is 7.7 for Blacks but 5.3 for Whites (Herd 1989:2; Malone 1985:51). Among the higher percentage of minority-male adolescents not attending school, about 50% are unemployed, and this rate more than doubled from 1970 to 1982 (Freeman and Wise 1982; Friedman, Glickman, and Utada 1985; Bowman 1984).

In addition, substance-related problems among Black youth often go unrecognized and untreated, both because Blacks are less likely than Whites to seek treatment and because service agencies tend to identify such problems later in Blacks than in Whites. Furthermore, intervention is more likely to be a jail sentence than treatment. Thus, those Black substance abusers who do enter treatment are often in a more advanced stage of alcoholism or drug addiction than Whites entering treatment (Mosley, Atkins, and Klein 1988; Brown and Tooley 1989; Thompson and Simmons-Cooper 1988).

Correlates of Use

The substance abuse literature is filled with a wide variety of explanations for alcohol and other drug use among adolescents, which are assumed, at least implicitly, to apply to the entire age group, regardless of ethnic background. These explanations have been largely based on studies of White middle-class young people who are in school. But because of differences in historical experience, cultural traditions, and socioeconomic status, it should not be automatically assumed that they adequately account for substance use among Blacks. Although a number of theories have been developed to explain drug use patterns among Blacks (e.g., racism, availability of alcohol and drugs, self-medication), few of these have tested empirically (Mosley, Atkins, and Klein 1988:54).

Researchers who examined various correlates of substance use among Black youths have tended to focus on a different correlate or set of correlates. Thus, it is difficult to compare correlates across studies. Differences also exist in terms of whether Blacks are being examined alone or in comparison with other ethnic groups. Furthermore, too often Blacks are treated as a monolithic group, and not enough attention is paid to important demographic differences among them.

The following discussion summarizes findings on the main correlates of use (mainly of alcohol) that have been investigated; in the absence of confirming data from a variety of studies, the tentativeness of some of the findings must be kept in mind.

Socioeconomic Status. Most discussions of the causes of substance use among Blacks at least mention, if they do not emphasize, the importance of the many adverse life conditions of poverty, unemployment, racism, and discrimination within which many Blacks live (e.g., Harper 1976; Watts and Wright 1983; Atkins, Klein, and Mosley 1987*; Clifford and Rene 1985; Clifford and Jones 1988). These conditions make it difficult to develop a strong sense of self-esteem and personal achievement or effective interpersonal and social skills needed to function effectively in the world. Not surprisingly, according to some researchers, young Blacks seek some escape from this situation--often through the readily available means of alcohol or other drugs (Globetti

1988:118; Johnson 1985:447-448; Clifford and Jones 1988:275; Lipscomb and Goddard 1984:344-345).

This is both a complex and controversial issue. If low socioeconomic status does result in higher levels of drug use, then one would expect Blacks and other minority groups to have higher levels of use than Whites. But in a survey conducted in the mid-1970s of junior high students in New York City, Dembo, Burgos et al. (1979:562) found no significant relationship between socioeconomic status and involvement with drugs for the combined sample or for the separate Black, Puerto Rican, and White groups. Drawing on the results of their statewide survey in New York, Welte and Barnes (1987:334) dispute the "common sense notion" of the positive relationship between poverty and alcohol use by pointing out that Black and Hispanic youth reported less drinking than White youth. They also doubt that drinking among minorities is fostered by the difficulties they face when encountering the mainstream culture, which might be expected to produce a large proportion of heavy drinkers. Instead, it was among the Whites in their New York sample that the rate of heavy drinking increased fastest with age.

From the standpoint of prevention, however, problems resulting from drinking (or drug use) are more important than drinking (or drug use) itself. As noted above, Welte and Barnes (1987) did find that Blacks and other minority groups reported more drinking problems than Whites in spite of lower levels of use, which suggests the importance of socioeconomic status. Although their sample was large (over 27,000 students), the published results do not indicate the socioeconomic distribution within ethnic groups.

A possible limitation of much of the research reported here is that while differences in socioeconomic status across ethnic groups may exist, the distribution of youth in the samples studied may not accurately reflect these differences. Despite problems involved in arriving at valid and reliable indicators of socioeconomic status, it would nonetheless be useful to know the prevalence of substance use and related problems among youth by social class within a multiethnic sample. As was noted in the Update on Latino youth, determining the relationship between substance use and socioeconomic status is complex and is further complicated by the possible interaction of socioeconomic status with other demographic and interpersonal factors (Austin and Gilbert 1989).

Peer and Parental Influences. The influence of peers and parents on alcohol use can be defined in a variety of ways: drinking patterns of peers and parents, attitudes of peers and parents toward drinking, or the presence of peers or parents while drinking. In their analysis of the 1978 national survey of high school students, Lowman, Harford, and Kaelber (1983:41) accounted for the lower level of alcohol use among Blacks, as compared with Whites, in terms of the different social contexts within which the two subgroups drank. Black students were more likely to drink at special occasions in the home with adults present, whereas White students did most of their drinking at unsupervised teenage parties. This suggests that Black young people are more influenced in their drinking behavior by parents than are Whites (see also Higgins, Albrecht, and Albrecht 1977). The evidence is somewhat ambiguous, however, since in a further analysis of the 1978 data, Harford and Lowman (1989*:59) found that while a significantly higher proportion of White students than Black students did drink with peers only, they were also more likely to drink at home with parents. But since these results applied only to students who indicated that they drank "most or all of the time," the distribution of drinking contexts between Blacks and Whites at lower drinking levels might be quite different.

In a survey of high school seniors in North Carolina, about equal proportions of Blacks got their first drink from either parents (26.1%) or friends (23.9%), whereas White students were twice as likely to have had their first drink from friends as from parents (50.0% vs. 23.4%). No significant difference between races was found in the number of times friends had attempted to influence the respondent's drinking behavior (Dawkins 1976:167).

Byram and Fly (1984) surveyed 7th-12th grade students (n=335) in a nonmetropolitan county in the South in order to determine the influence of peers and parents on adolescent drinking, with family structure controlled. There were similarities between Blacks and Whites in that for both groups adolescent alcohol use was significantly correlated with the main variables; that is, use increased as friends's use of alcohol increased, as adults' use increased, and as family closeness diminished, although the relationships were stronger for Whites than for Blacks. When family structure was included in the analysis, however, significant racial differences were found. Black youth were more likely to drink heavily when both natural parents were present, whereas Whites drank more when one or the other natural parent was absent. Furthermore, the drinking levels of Blacks approached that of Whites only for those Black youth living in families with both natural parents present and with a highly educated father. The authors found "a strong indication" that Black adolescent drinking would increase if they lived in a socioeconomic environment homologous to that of middle-class Whites, especially with both parents and high adult education.

The respective contributions of parental and peer influences on drinking behavior was investigated by Singer and Petchers (1987*). In their sample of Cleveland high school students fewer Blacks than Whites reported that they had friends who drank: 41.9% of Black males and 31.7% of Black females, compared with 60% of White males and females. As regards parental influences, there was a modest correlation for all adolescents in the sample between the number of times drunk and the drinking patterns

of fathers and mothers. But the relationship between mothers' drinking patterns and the number of times drunk was significantly stronger for Blacks than for Whites.

Three studies have examined family and peer influences, among other factors, on drug use within exclusively Black samples. First, in a survey of young people in a Black community near Chicago, Ensminger, Brown, and Kellam (1982) found that females with low family bonds were four times more likely to use alcohol and two times more likely to use marijuana than females with high family bonds. For teenage males, the association between family bonds and substance use was weak. The association between high peer bonds in adolescence and substance use was significant for males, but not for females. The results of this study suggest that peer and parental influences may operate differently by gender.

Second, Maton and Zimmerman (1989) reported preliminary results from a longitudinal interview study of young Black urban males, the majority of whom were high school dropouts (average age 17). Lack of a father in the home when growing up was a significant predictor of hard drug use, but not of marijuana or alcohol use. Low parental support predicted alcohol use, but not marijuana or hard drug use.

Third, in a survey of a nonrandom sample of Black adolescents attending recreation centers in Washington, D.C., Dawkins (1986) found that even though 52% of the respondents said that half or more of their friends drank, only 11% indicated that friends had frequently pressured them to drink, while over half (58%) said that friends had never tried to influence their drinking. While the influence of friends on the respondents' drinking appeared to be weak within this sample, it, along with several other factors, was significantly correlated with getting "high." That is, young people who reported getting high frequently were also likely to report that they drank with partners on weekends, on holidays, and at night. They were also more likely to have their father's approval of their drinking, to have been given their first drink by their parents, and to have had an early age of onset of drinking and of heavy drinking.

In conclusion, because different studies examine the question of peer and parental influence in different ways, it is difficult to draw clear conclusions. Most of the evidence seems to indicate that parental influences are more important than peer influences in explaining alcohol and other drug use among Black youth, although the influence of peers might be more salient in certain instances, for example in accounting for heavy drinking behavior. Also, boys and girls may respond differently to these influences.

Religious Factors. Some researchers have suggested that the later onset of drinking among Black youth and their high abstinence rate (and consequently lower prevalence rate) are related to the larger number of Black adolescents who attend conservative, fundamentalist churches compared with White youth (Harford 1986*:131; Weibel-Orlando 1986:175). Some evidence for the influence of religion comes from a survey of Black adults in northern California, in which it was found that members of fundamentalist churches were significantly more likely to be abstainers and, among males, less likely to be heavy drinkers than were Catholics, Baptists, and other Protestants (Caetano and Herd 1984:576). Similarly, in a study of high risk young Black males in Baltimore, longitudinal analyses indicated that low levels of personal spirituality predicted increased use of alcohol six months later (Maton and Zimmerman 1989). In the sample of Black high school girls in the South surveyed by Globetti, Alsikafi, and Morse (1980*), frequent church attendance was significantly associated with nondrinking. None of these studies, however, compared religiosity between Blacks and Whites, so the proposed explanation for drinking differences would seem to be plausible but unproved on the basis of the available evidence. Because of the prominence of the church within Black communities, the influence of religion on initiating and continuing alcohol use (and other drug use as well) deserves further study.

Attitudes. Several researchers have investigated the effect of attitudes on drug use among Black youth. Maddahian, Newcomb, and Bentler (1988) analyzed the relationship between intentions to use drugs and actual use of drugs in a sample of Los Angeles junior and senior high school students. Students who expressed strong intentions to use drugs were likely to be users of those drugs, both at the time of the initial survey and five years later. With regard to ethnic differences, Blacks had the lowest association between intention to use drugs and actual use of drugs compared with the other ethnic groups. For instance, there was a significantly lower association between intention to use cigarettes, alcohol, cannabis, and non-prescription medications and the actual use of these drugs for Blacks than for Latinos. The same pattern held true between Blacks and Whites, except for cigarettes.

From interviews with Black preteens and adolescents living in poor communities (n=49), Brisbane (1976) found that the subjects had high social approval for alcohol use, viewed the Black adult who drank as a hero, and seldom regarded heavy drinking relatives as alcoholics. These findings are confirmed by Lipscomb and Goddard (1984:343), who summarize research indicating that Blacks generally do not consider alcohol an addicting drug, reject the disease concept of alcoholism, and often look upon a "drunken" family member as the conscience for the entire family.

Atkins, Klein, and Mosley (1987*) asked Black students enrolled in alternative schools how willing they would be to use tobacco, alcohol, marijuana, or other drugs; those students who expressed more positive attitudes toward alcohol and other drugs reported higher levels of use for all drugs studied.

Reasons for Use. Several studies have examined reasons for drinking across ethnic groups. In an analysis of the results of the 1978 RTI national survey of high school students, Harford and Lowman (1989*:59) reported that Whites were significantly more likely than Blacks to give social (to have a good time) and conforming (to be part of the group) factors as reasons for drinking, with the differences between the two groups being most pronounced for social factors (72% for Whites vs. 47% for Blacks). This study is the only one found to report the reasons given by nondrinkers for not drinking. For abstinent students, significantly higher proportions of Blacks than Whites gave the following reasons for not drinking: tastes bad, against my religion, loss of self-control, and makes you sick. A significantly higher proportion of Whites said they did not drink because of friends' disapproval.

Three other surveys that asked about reasons for use were based on much smaller and less representative samples. Among Black youth in Washington, D.C., the two primary reasons given for drinking were "to celebrate special occasions" (50%) and "because I like it" (37%) (Dawkins 1986:21). In their survey of Job Corps members in San Diego, Morgan, Wingard, and Felice (1984:193) found that the two most common reasons for drinking given by Blacks were "to relax" (65.5%) and "feels good" (60.3%). These were also the most common reasons given by Whites and Latinos, at similar levels of response. The two least common reasons given by Blacks were "friends drink" (25.9%) and "to forget" (20.7%). In Singer and Petchers' (1987*) survey of Cleveland high school students, the most common reason for drug use across gender and racial lines was to relax, but for two other reasons there were significant differences by race. Whereas 36% of White students said they drank to be friendly, only 17.5% of Black males and 13.4% of Black females said so. Drinking to forget problems was more often reported by Whites (males, 25%; females, 13.9%) than by Blacks (males, 11.5%; females, 10.0%). Since in both the San Diego and Cleveland surveys Black youth selected "to forget" less often than other choices as a reason for drinking, the contention of some writers (see above) that Blacks drink to escape from their problems may be more applicable to adults than to young people. (From a methodological perspective, these three studies highlight the difficulty of comparing results across different studies; the list of reasons in each study were similar, but not identical, and one report did not list all of the reasons included on the survey questionnaire. The five possible reasons in Dawkins (1986) were: because I like it, to be with the crowd, when I am unhappy, because older friends drink, and to celebrate special occasions. The six possible reasons in Morgan, Wingard, and Felice (1984) were: to relax, feels good, like taste, relieves pressure, friends drink, and to forget.)

Although direct comparison of results is difficult because of differences in the specific aspects of attitudes examined by the various authors, the studies reviewed have found that attitudes and cognitive factors are important factors in explaining drug use. This suggests the need for prevention programs to attempt to alter favorable attitudes towards drugs and to reinforce negative attitudes.

Psychological Factors. Kellam and his associates assessed psychological well-being, social adaptation, and academic performance among Black first graders in 1966-1967 and then reassessed the same students ten years later in order to determine which antecedents best predicted drug use in adolescence. Males who were rated aggressive in first grade had high levels of drug use ten years later, whereas shy first-grade males had significantly less drug use as teenagers. However, those who were both shy and aggressive had the highest levels of substance use as teenagers. Early shyness or aggression in females showed no significant relationship to later substance use (Ensminger, Brown, and Kellam 1982). This study is important in its longitudinal design, carefully designed measures, and focus on gender differences. However, since there was no comparisons with other ethnic groups, it is not possible to know from this study how salient these early antecedents are for Blacks compared with other groups.

In their longitudinal study of young Black males, Maton and Zimmerman (1989) found that anxiety and depression symptoms were positively related to alcohol use at the first but not the second measurement point. A measure of life satisfaction was significantly related at the zero-order level with alcohol, marijuana, and hard drug use, but dropped below significance in cross-sectional analyses when lifestyle and social support variable were entered into the regression equation. Follow-up longitudinal analyses, however, indicated that low life satisfaction was the only significant predictor of increased use of marijuana six months later.

Ecological Factors. Ecological factors may also be important in fostering drinking or at least favorable attitudes toward drinking. For instance, there are a large number of liquor establishments in Black residential neighborhoods, next to schools, churches, and homes, whereas in sections with a predominantly White population, liquor establishments are more often located in commercial areas (Watts and Wright 1985:2, who label this "economic exploitation"). Dawkins (1980:219) found that the number of liquor outlets in census tracts in Washington, D.C., in 1977 was positively associated with the size of the Black population and with the extent of substandard housing in those tracts. Not only do these liquor establishments provide easy access to alcohol, they may also serve to socialize Black youth to drinking by exposing them daily to the presence of liquor outlets and to the adults who patronize them. In addition, the heavy advertising of alcohol in Black communities promotes favorable images of alcohol use (Dawkins 1980:214).

According to the Washington Area Council on Alcoholism and Drug Abuse (1989), hotline calls indicate that inner-city youth find it more convenient and less costly to become intoxicated with crack or

A common theme in the recent literature on prevention strategies is the need to tailor programs to *specific ethnic groups in order to allow for* differences in cultural values, social status, drug use patterns, drug-related problems, and attitudes toward drugs (for Blacks, see Dawkins 1988*; Gary and Berry 1985*; Lowman, Harford, and Kaelber 1983; Maddahian, Newcomb, and Bentler 1986; Singer and Petchers 1987*; for minority prevention generally, see Austin 1989). But Nobles, Goddard et al. (1987:4) have noted the concern of Black mental health professionals over the fact that culturally relevant programs are found more often in Latino or Asian than in Black communities. Although culturally-sensitive programs are now being developed, published evaluations have not been found. In the past, most prevention programs have served largely White audiences (Schaps, DiBartolo et al. 1981). Most of the studies discussed below are concerned with alcohol, but the principles, strategies, and activities may be extended to substance abuse in general.

According to Dawkins (1988*:17), one of the problems of developing prevention programs for Black youth is a lack of awareness of the seriousness of alcohol problems within the Black community or a reluctance to admit it (see also Harvey 1985). Globetti, Alsikafi, and Morse (1980*:199) suggest that this is a result of the ambivalent attitude that Blacks have toward alcohol: "Alcohol's role is often portrayed as an enlivener of a suppressed group on one hand and a breach of Black fundamentalist [religious] values on the other." Thus, they argue, specific prevention or treatment programs have been neglected in favor of strategies that either accept alcohol abuse as an inevitable condition or attack it as immoral behavior. Both Dawkins (1988*) and Globetti, Alsikafi, and Morse (1980*) emphasize the need for a large-scale education campaign that would inform Black youth and the Black community generally of the destructive effects of alcohol abuse and alcoholism on the individual, family, and community.

Gary and Berry (1985*) surveyed Black adults in a northeastern city to determine their attitudes toward substance use and to examine the demographic and sociocultural variables that predict those attitudes. Racial consciousness was the strongest correlate of substance use attitude; that is, those who were highly racially consciousness were more likely to be intolerant of substance use than those who had a lower level of racial consciousness. With reference to the development of prevention programs, the authors concluded: "Our data imply the need to give more consideration to a pro-blackness or strong racial identity strategy as an alternative to a strong emphasis on antidrug tactics in substance abuse prevention programs" (p. 50).

School Programs. The results of the study by Singer and Petchers (1987*) of high school students in Cleveland indicate the importance of including subcultural differences in the design and implementation of prevention programs. According to the authors, "Drinking may serve different sociopsychological functions for different population *subgroups, and mechanisms* for the transmittal of drinking behaviors and patterns may also vary" (p. 472). Generic programs that are directed toward all young people, irrespective of ethnicity or cultural background, are likely to pass over these differences and thereby fail to meet the needs of specific groups.

Other writers have discussed additional considerations that need to be addressed in developing prevention programs for Black youth. Brown and Tooley (1989) stress the importance of beginning prevention as early as possible, both to instill antidrug attitudes and to foster racial pride and self-esteem. Coping skills should be taught early in order to "minimize the pressure to get involved with alcohol and other chemical substances, particularly during adolescence when peer group formation is so important and peer pressure is at its highest" (p. 128). For older youth, the higher rates of drug use found among those who are out of school and unemployed suggest the need for "broad-based programs that integrate alcohol and drug abuse prevention strategies with efforts to provide training in vocational skills and to ensure that students complete high school" (Lowman, Harford, and Kaelber 1983:43). More generally, the longitudinal study of the antecedents of substance use by Kellam and associates indicates that drug use is determined by a variety of factors (social structure, social adaptational, psychological, and gender) and that all of these factors need to be integrated into prevention programs, both those directed at Black youth and at young people in general (Kellam, Stevenson, and Rubin 1983:334).

A final consideration in school-based programs is the question of which drugs should be the focus of attention. Although it might seem reasonable to assume that drug education programs need to inform students about all drugs, research on the sequence in which young people use different drugs suggests that some drugs are more important than others in terms of prevention strategies. A number of researchers have studied the subject of so-called "gateway" drugs (Kandel 1975; Huba, Wingard, and Bentler 1981; Donovan and Jessor 1983; Yamaguchi and Kandel 1984), but few have reported results broken down by ethnic group. One of the few such studies is by Welte and Barnes (1985), who found that among a large sample of New York State secondary students alcohol was the "gateway" drug to the use of other drugs for all ethnic, age, and gender groups. That is, unless alcohol was used first, the likelihood of using other drugs was very small. In general, it appears that drugs may be ordered in terms of their degree of risk or deviancy and that the use of those drugs that are deemed less risky or deviant makes it easier for the young person to proceed to the next drug in the sequence. If a person can be stopped at one point in the sequence, there is little likelihood that he or she will go farther. For Black students in New York, the strongest sequence was for alcohol-marijuana-hard

drugs, with cigarettes, pills, and over-the-counter drugs being comparatively less important. This suggests that prevention programs for Blacks should focus on alcohol and marijuana. Finally, Welte and Barnes (1985:497) note that their results would suggest that teaching "responsible drinking" rather than abstinence is probably misguided since it "opens the gate" to the use of other drugs.

Community-Based Programs. As discussed in previous Updates, school based prevention programs for minorities are hampered by two factors: (1) those who are at greatest risk are often absent from school or have dropped out completely, and (2) program efforts are often undermined by the conditions that exist within the family or neighborhood. Hence the importance of community-based prevention. Crisp (1980) examined prevention programs and activities in several Black communities in Washington, D.C., through interviews with program personnel and recipients of the services. Students' self-reports indicated that they did not find school programs very meaningful to their home environment. Crisp concluded from his interviews that community-based prevention programs are more effective than programs offered in schools or in drug abuse agencies.

But "community-based" does not merely mean that prevention activities are carried out in the community at large rather than only in the schools. Nobles, Goddard et al. (1987:4) insist that "Black mental health services for children and families must be defined as services that are culturally relevant and not simply services that are merely located in a Black community." Community-based prevention requires the involvement of all elements of the community in the definition of the problem and in the development and implementation of programs that include the needs, values, and resources of the community. Too often, according to Crisp (1980:15), the failure of prevention programs in Black communities has been the result of outsiders' introducing a pre-programmed package that fails to take into account the community's perception of the problem or its particular needs. Prevention workers need to appreciate the fact that the introduction of community-based programs implies community change and that change usually challenges local vested interests and power structures: the Black community is particularly sensitive to the possibility of further control from "above." The importance of community involvement, in particular the participation of churches, civil rights groups, schools, and other service organizations, is a theme stressed by several researchers (Clifford and Jones 1988; Crisp 1980; Gary and Berry 1985*; Globetti 1988; Harper 1988*). Because of the prominence of the church in the Black community, Miranda (1983:171-172) and Brown and Tooley (1989:128) emphasize the need to involve the Black churches, both national organizations and local congregations, in developing prevention and treatment programs.

A number of authors have noted the disparity between the prevention and treatment "establishment" and the Black community. Nobles, Goddard et al. (1987:12) criticize existing treatment services as being divorced from the cultural experience of their clients, arguing that "treatment training, definitions of illness, meaning of health, treatment philosophy, theories, methods, techniques and administrative regulations, has [sic] for the most part been created and determined by people insensitive and, in some instances, hostile to African and African-American people." In a similar vein, Maypole and Anderson (1983) have noted that most service providers are White professionals, who are separated by race, income, education, social status, and power from their Black clients. The two groups lack knowledge and trust of each other. The effectiveness of Black alcoholism programs, they insist, has been hampered by a lack of racial understanding, community support, and trained administrators. They emphasize the importance of developing programs that recognize the unique traits of Black culture and that provide services that are appropriate to the needs of Blacks.

In discussing alcohol prevention, Dawkins (1988*:16-17) makes an important distinction between external and internal factors that encourage alcohol abuse in Black communities. External factors are those associated with the legacy of racism and discrimination, whereas internal factors are those that occur within the Black community, such as "negative values and role modeling which encourage heavy and abusive drinking." To the extent that adolescent substance use is shaped by the prescriptions, customs, and sanctions of the local environment, efforts to change these internal factors would be expected to positively influence adolescent substance use behavior. For instance, one part of a community-based prevention strategy directed at alcohol abuse might be an attempt to alter those aspects of the community that encourage drinking or present positive messages to drink, such as advertisements, the location of drinking establishments, the availability of alcohol in grocery and convenience stores, etc. (Globetti 1988:121). Attention to such internal factors are particularly important since Blacks themselves can more directly influence events and programs and can draw on their long tradition of self-help.

Programs that focus specifically on discouraging alcohol and other drug use among young Blacks are a necessary component of any comprehensive prevention effort. Such programs by themselves, however, are unlikely to have significant impact unless the broader social structures (external factors) that foster drug use are also addressed. As Crisp (1980:18) has argued, substance abuse prevention programs directed toward Black youth have generally failed because they have been culturally biased and because they have been based on "person-oriented" rather than "system-oriented" principles. For instance, prevention programs that attempt to enhance social skills, self-image, etc., have been criticized for focusing on changing the attitudes and behavior of the individual instead of confronting the conditions in the external environment within which the problem originated and

is perpetuated (Globetti 1988*:119). This is another example of a "blame the victim" attitude, which results in intervention efforts being directed at (supposedly) defective individuals rather than at a defective system (Crisp 1980:15).

According to Clifford and Jones (1988:277), the greatest potential for the alleviation of problems in minority communities will come from those policies that are aimed both at young people and at improving the social environment (jobs, education, housing, etc.). More broadly, they insist that prevention strategies will not have a significant, long-term effect on minority communities "until we realize the gravity of racism and its negative impact on minorities" (p. 277). Watts and Wright (1983:126) also argue that "prevention efforts must come to grips with...the often contradictory roles and activities played by the state in a capitalist socioeconomic system" that allows exploitation of minorities by the alcohol industry.

A caution about intervention programs is found in the report by Boyle and Brunswick (1980) on heroin use in Harlem, which called into question the effectiveness of "official" attempts to reduce the incidence and prevalence of the use of drugs (or at least of heroin). Changes taking place within Harlem itself in the late 1960s seem to have had more influence than government policies. But it is also significant to note that the changes they mention were concerned with the entire community and not with drug abuse alone and that the changes were initiated by and for the Black community itself.

Of course, the prevention specialist or educator, concerned with the immediate drug problems facing young people today, cannot hope to solve these larger social problems, which must instead be addressed by the community at large and at the highest government levels. However, knowing that drug abuse is more than the result of incorrect attitudes, bad companions, or inadequate refusal skills may enable drug specialists and educators to adopt more realistic expectations of what their programs can accomplish.

Principles and Programs. A number of writers have published either specific programs for preventing drug use among Black youth or specific guidelines and strategies for developing such programs. In 1981, the National Institute on Alcohol Abuse and Alcoholism issued a *Guidebook for Planning Alcohol Prevention Programs for Black Youth* (Monroe-Scott and Miranda 1981), which provides detailed suggestions for strategies and activities that are both school-based and community-based. The guide discusses five subjects: (1) Black history and the history of alcohol use by Black Americans; (2) various prevention approaches for Black youth, with nine specific strategies; (3) steps in initiating prevention programs (community mobilization, cosponsorship, networking, grant proposals, etc.); (4) evaluation of prevention programs in terms of outcome objectives; and (5) a list of resources. This appears to be the most detailed programmatic guide available; unfortunately, it is out of print and no longer available through the National Clearinghouse on Alcohol and Drug Information. It may, however, be ordered through ERIC's Document Reproduction Service (see references).

King (1985) discusses a model of alcohol prevention based on earlier work by Miranda (1983). While the model was developed for Black females, much of it is applicable to Black youth generally. The model postulates four variables as having major influence on Black drinking: value system, role models, media, and environment. Each of these variables is a potential point for intervention. King recommended that all organizations in the community as well as relevant national organizations become aware of the seriousness of the alcohol abuse problem and work in a coordinated fashion towards a solution. Such an integrated approach would include natural self-help systems within the Black community; schools, local and national Black civic, social, and religious organizations; and government agencies and national associations concerned with alcohol problems.

Another prevention model, proposed by Holliday (1983), consists of three dimensions. The first is the *type of prevention*, that is, primary, secondary, or tertiary. The second dimension is the *target group*, which includes those under 18 years of age, those between 18 and 35, or those over 35. The third dimension is the *level of analysis and action*: individuals, social networks, or institutions. Prevention programs can be classified by where they are located within this three-dimensional matrix in terms of their goals and activities. Holliday makes two other points regarding prevention strategies for Blacks. First, research should be pragmatic and sensitive to the Black community by including members of the community in both advisory and research roles, by working with the established Black service and research organizations, and by showing concern for the social and economic improvement of Black communities and for the empowerment of individuals. Second, evaluation of alcohol prevention programs should define outcome measures in terms of reductions in the negative behavioral consequences of drinking. According to Holliday, such behavioral consequences are more powerful indicators of success than affective or personality measures, they are more tangible than measures of skills or attitudes, they are more reliable than self-reports of drinking behavior, and they are suitable for cost-benefit analysis.

Other prevention models and programs will be mentioned more briefly. Bell (1987) has developed a substance abuse prevention program called "Winners" for Black children that combines Black culture, values clarification, and creative writing. Brisbane (1985) describes a similar program that uses contemporary fiction with Black children and adolescents who are alcoholics or children of alcoholics. Both programs are based on the assumption that enhancing self-concept, racial pride, and creative expression will help young people avoid or overcome the pressures to engage in substance abuse. Beaulieu and Jason (1988;

abstracted in Update 1) evaluated a prevention program implemented in an all-Black inner-city elementary school, that emphasized problem-solving skills and used older peers as helpers and role models. Students who participated in the program showed greater gains in knowledge and in problem-solving skills than did the controls. The description of the program, however, did not indicate whether it included prevention activities or materials specifically oriented toward Blacks.

Summary and Conclusion

The most important observation to be drawn from the above discussion is the paucity of research on substance abuse among Black youths and on prevention programs designed for them. A second limitation is the lack of empirically validated theories that account for the social, cultural, and personality factors that are associated with drug use. Studies that discuss the dimensions of the problem within well-tested theoretical models and that provide descriptions and evaluations of suitable programs are much needed (Wright and Watts 1988:5). There is also need for longitudinal research to help determine causal, rather than merely correlational, factors involved in the origin and maintenance of substance use (Maton and Zimmerman 1989:21).

In a review and critique of the literature on alcohol and Blacks published before 1980, Dawkins (1980:26) listed several areas in which policy-relevant research was needed. The most important need was for studies on the relationship between alcohol use and abuse and sociodemographic factors such as sex, age, income, region, education, family structure, and occupation. Also, explanatory research should place greater emphasis on sociocultural factors than on "social deviance and Black pathology perspectives," which had been common previously. Finally, according to Dawkins, future research should involve comparison studies of different subgroups among Blacks using large samples and focusing on "the culturally distinct patterns of behavior that characterize Black Americans." While researchers are beginning to address these subjects, the research areas outlined by Dawkins are still very much in need of attention.

Contrary to popular stereotypes that drug use is pervasive among Blacks and that there is early and widespread initiation to heavy use patterns, alcohol and other drug use is lower among Black adolescents than among Whites, although future research may indicate that this is not the case for crack. The evidence on differences in substance-related problems is less clear, but in one large-scale state survey, Blacks did report the highest number of problems for each ounce of alcohol consumed per day compared with other ethnic groups (Welte and Barnes 1987:331). Furthermore, once Blacks enter young adulthood, their risk of developing alcohol-related problems is substantially greater than that for Whites. The above findings have yet to be adequately explained, although they do suggest that consumption rates may not be an adequate proxy for alcohol-related (or drug-related) problems.

Although Black youth have generally been found to have lower levels of substance use than other youth, this should not result in a minimization of the problem; given the conditions within which many Black young people live, even moderate levels of use may be more damaging for them than for White youth. Substance abuse aggravates the other problems found in Black urban communities such as inadequate housing, high school dropout rates, high unemployment, and crime (Clifford and Jones 1988:273).

Another theme emphasized by writers who discuss prevention is the importance of designing programs that are tailored to Black culture and that are sensitive to its values. Because of the high dropout rate among Black young people, school-based programs alone are unlikely to reach those who are at greatest risk for substance use; programs that involve the whole community, working in cooperation with the schools, are needed. In addition, teachers, parents, clergy, and other interested members of the Black community need to be fully involved in the design, development, and implementation of youth-oriented prevention programs. Furthermore, the socioeconomic factors that likely influence substance abuse, particularly poverty, unemployment, and discrimination must be addressed. Clearly, much work remains to be done in order to understand and effectively prevent maladaptive substance abuse among Black adolescents.

ABSTRACTS

ATKINS, BOBBIE J.; KLEIN, MICHAEL A.; AND MOSLEY, BERTHA. 1987. Black adolescents' attitudes toward and use of alcohol and other drugs. ***International Journal of the Addictions*** **22(12):1201-1211. 8 refs.**

This study attempted to identify the attitudes of Black adolescents toward alcohol and other drugs, their use of such substances, and the extent to which they participate in other activities. The alternative school's program was very similar to alternative-based primary prevention program (e.g., Channel One). It was a culturally-specific program dealing with self-awareness, values clarification, and activities designed to encourage self-help.

The sample consisted of 44 Black students from alternative schools located in a Midwest city. The age range was 12 to 39 years (most under 19); 66% were female and 34% were male. The Primary Prevention Awareness, Attitude, and Usage Scale (PPAAUS) was used to assess the extent of abuse among adolescents, and it includes the subscale categories of sex, race, age, and grade.

Findings. The highest mean score of willingness to use a substance was in the area of alcohol; only 21% were unwilling to use alcohol, whereas 70% reported that they would be unwilling to use marijuana and 56% would be unwilling to use other drugs.

In terms of use, 23% reported use of alcohol, while 77% had never or seldom used alcohol. Over three-quarters (77%) had never or seldom used marijuana; 23% used one-to-two times a month to often each day.

Correlational analysis showed a significatn positive relationship between attitudes and use. A significant positive correlation was also found between degree of participation in entertainment and social activities and use for all substances.

Conclusions. Although the findings were limited by the small sample size, lack of random design, and use of alternative school, they indicated that a positive attitude toward alcohol and other drugs resulted in higher use rates. Black adolescents were no more likely, and often less likely, to be involved in drinking behavior than White adolescents, and a considerable amount of their time was spent in alternate activities such as academic, social, and sports activities.

The findings indicate that attitudes opposing drunkenness should be encouraged and that knowledge of the role of alternative activities such as occurred in this school needs to be expanded.

BRUNSWICK, ANNE F., AND MESSERI, PETER A. 1986. Drugs, lifestyle, and health: A longitudinal study of urban Black youth. ***American Journal of Public Health*** **76(1):52-57. 44 refs.**

This empirical, longitudinal/panel study among urban Black youth dealt with the following questions: Whether heroin use is associated with the decline in health between adolescence and young adulthood; whether other drugs are involved in declining health; whether drug use and health indicators interact with lifestyle factors such as living arrangements, social attainments, etc.; and whether the relationships are the same for men and women.

In 1968, 688 non-Hispanic Black adolescents, 12-17 years old, in Central Harlem were interviewed. A restudy, extending over two years, was conducted between the years 1975 and 1976, during which time 89% of the original panel members were re-interviewed. The variables tapped in the interviews were drug use, health outcomes, family background characteristics, role attainment and living conditions, interpersonal influences, and psychosocial attitudes.

Findings. The results on drug use and health showed that baseline heroin use and cumulative heroin use both contributed to men's health change. For any given dose level, men who started heroin use before the first interview, regardless of age at the time, showed less health decline between interviews than those who started after the first interview. Men who had used heroin by the first interview were in poorer health at that time than those who had not used it. At the second interview, earlier users were actually in better health than those who started later. For women, little difference in mean health scores was found between those who had started heroin use by the first interview and those who started after it. However, earlier users' health declined more than later users among the women.

With the addition of measures of other drug use, heroin use became negligible in men, replaced by inhalants and methadone. Among women, the addition of other substances to the model slightly strengthened the relationship between earlier heroin use and health problems. The combination of methadone and heavy alcohol use had an added and equally strong negative effect on women's health.

Addition of lifestyle measures showed that cumulative inhalant and methadone use was directly associated with poor health. Lifestyle variables only slightly reduced the size of the regression coefficients.

Conclusions. Urban Black youth are at higher risk for illicit drug use and, because of their low income status, are also at higher risk of poor health. Drug use was related to health decline. For the Black men in the sample, inhalant and methadone use was found to be responsible for health declines. For the young Black women, heroin use started in their teens was strongly related to poor health in young adulthood, but not to health status in teens. Heavy alcohol use and methadone use added to women's increased morbidity risk. Since this group had a higher than average risk of illicit drug use as well as poorer health due to low income, the results cannot be broadly generalized until replicated on different

samples, at different points in time, and at different stages in the life span.

CRISP, ANTHONY D. 1980. Making substance abuse prevention relevant to low-income Black neighborhoods. II. Research Findings. *Journal of Psychedelic Drugs* 12(2):139-156. 14refs.

An exploratory study of prevention programs in Washington, D.C., Black neighborhoods, was conducted to determine their methods and goals and the extent to which they meet those goals. The study was based on the belief that if all parties share similar goals and objectives, then the programs will have a greater chance of success. Drug abuse prevention programs in Black ghettos have failed, primarily due to the programmed packages of outside planners who fail to take into account the historical aspects, politics, and social conditions that affect the community. Because of these factors, a person-oriented approach is not sufficient, and should instead be combined in a consistent manner with a systems-oriented approach, which positively manipulates social institutions that provide physical and psychological resources.

Data were collected from questionnaires returned by 21 agency workers, 33 students, and 13 community residents. Data were also obtained through participatant observation and interviews with program administrators.

Findings. Eighty-one percent of the agencies provided both drug and alcohol services; most agency personnel spent at least 60% of their time in the office rather than in schools or in the community. Of the various types of services offered to prevent substance abuse, all respondents believed that short-term counseling was least important, while giving more favorable responses for education, recreation, job placement, and community outreach. There was marked disparity between the perceptions of agency workers and the target population in terms of the extent to which the objectives of prevention programs were being achieved. While 76% of agency workers believed that they were doing an adequate job, less than 50% of the target population stated this to be the case. Students tended to believe that programs in the neighborhood were more successful that those in the schools.

Conclusions. The data suggest that multiple levels of intervention would increase the success of prevention efforts. Success could also be increased by placing more emphasis on community intervention instead of on individual intervention or on programs offered in schools or drug abuse agencies, with workers and community residents working together for a common solution.

DAWKINS, MARVIN P. 1986. Social correlates of alcohol and other drug use among youthful Blacks in an urban setting. *Journal of Alcohol and Drug Education* 32(1):15-28. 14 refs.

Since most studies suggest that drinking patterns are set in childhood and adolescence, identifying aspects of the socialization process that promote alcohol use is important in understanding the problem. To this end, a study was conducted in 1980 of 1,095 adolescents in Washington, D.C., selected from 37 "neighborhood clusters," each one characterized by a focus on an activity that the adolescents engaged in. Ninety-three percent of the respondents identified their race as Black, but the sample was non-random and so does not allow for precise generalizations beyond the young people surveyed.

Findings. Nearly half (45%) of the respondents lived in households where both parents were present, and only 21% indicated that both parents approved of their drinking. Concerning peer factors, 36% said that "most" or "all" of their friends drank, and 11% had friends who attempted to influence them to drink "many times." A majority (61%) of the respondents perceived alcohol use as a problem in their community. In regards to initiation to drinking, 72% indicated that they were 15 or younger at the time of their first drink and 79% had their first drink in order "to see what it was like." Most of them indicated that they drank with groups. Among sociocultural factors, if the respondents had partners to drink with on weekends, then they were most likely to become intoxicated from drinking themselves. A correlational analysis of the results indicated that peer pressure affected whether one had gotten high from drinking, but had a weak affect on other indicators of alcohol behavior.

Conclusions. Since the sociocultural aspects of drinking suggest that young people face decisions regarding drinking on a regular basis, prevention efforts should provide information and other services related to alcohol use to help them make informed decisions.

DAWKINS, MARVIN P. 1988. Alcoholism prevention and Black youth. *Journal of Drug Issues* 18(1):15-20. 17 refs.

The external and internal factors necessary in considering alcohol prevention strategies for Black youth are discussed. Values that encourage drinking and a lack of awareness are seen as internal factors, while the use of alcohol as a means of oppression and racism is a major external factor necessary to overcome. Preventive measures against alcohol can be grouped into three categories: (1) measures that affect supply of alcohol and places where it is drunk; (2) controls on behaviors of people and practices of drinking once alcohol has been obtained; and (3) considerations of ways to make alcohol safer even if people do not change their practices.

One internal factor under Blacks own control is the selling of alcohol in liquor stores situated in their own neighborhoods. Changes in this area would be consistent with the Black community's practice of self-help for problems its members face.

Prevention programs should include the importance of racial consciousness; studies have indicated that Blacks who have a high level of

awareness of racial oppression and a positive view of Black people tend to have a less tolerant attitude toward alcohol.

Effective prevention efforts must include the development of comprehensive, community-based efforts that emphasize primary intervention, mobilization of major Black institutions, and the involvement of Black youth in planning and implementing alcoholism prevention measures. The National Black Alcoholism Council (NBAC) has established a network of prevention groups working on alcohol prevention.

GARY, LAWRENCE E., AND BERRY, GRETA L. 1985. Predicting attitudes toward substance use in a black community: Implications for prevention. *Community Mental Health Journal* 21(1):42-51. 35 refs.

Previous research on substance abuse among Blacks has focussed on individual physiological or psychological effects and on differences between Black and White respondents, thereby disregarding possible contextual influences within the Black community. To explore how demographic factors, sociocultural patterns, and racial consciousness predict the attitudes of Black adults toward substance use, data were collected from noninstitutionalized Black adults, 18 or older, living in a large northeastern suburban community (n=411). Respondents were interviewed in their homes, on items including demography, attitude toward substance use, and three socio-cultural variables: community involvement, racial consciousness, and church involvement.

Findings. Zero-order correlations showed that all variables except education were significantly correlated in the predicted direction with attitudes towards substance use. Racial consciousness was the strongest correlate of substance use attitude, and the other significant variables were moderately correlated. In other words, young men who had never been married, who were not active in the church, who had little involvement in the community, and who had a low level of racial consciousness were most likely to have a tolerant attitude toward substance use. Multiple regression analysis showed that racial consciousness explained most of the variance of the dependent variable (15%). The addition of age and gender raised the percent of explained variance to 22%. Three remaining variables--church involvement, education, and marital status--contributed 2% to the variance explained.

Conclusions. The results show that respondents who were very conscious of racial issues were likely to be less tolerant of substance use than were those who scored low on racial consciousness. Younger black men were more tolerant than were women and older people. While it is not possible to draw strong conclusions about causal connections between substance use attitudes and behavior, there are reasons to believe that the extent of substance use in a community may be related to that community's attitude towards substance use.

GLOBETTI, GERALD; ALSIKAFI, MAJEED; AND MORSE, RICHARD. 1980. Black female high school students and the use of beverage alcohol. *International Journal of the Addictions* 15(2):189-200. 8 refs.

The drinking habits of a sample of Black high school girls (n=196) from a small rural community in the deep South characterized by abstinence were determined through interviews. The study focused on circumstances surrounding the act of drinking within an abstinence background and on social factors related to youth drinking. The findings were compared to existing data to see whether the same factors that influence other youth populations would apply to a population of young Black females from rural backgrounds.

Findings. The drinking patterns among young female students departed from the findings of previous studies. For example, they drink less than the national average (drinkers in sample 35%; national average: 54% of 7th grade girls, 87% of 12th grade girls). This can be explained by the fact that the girls' rural backgrounds tended to place more exact pressures on them.

Young female students also tended to use low alcohol content beverages at infrequent times. They preferred wine (59%) to beer (22%) and distilled spirits (11%), which supports the trend of increased preference for wine consumption among teenagers.

Slightly more than 60% of the sample received alcohol under uncontrolled conditions, meaning they got the alcohol from bootleggers and friends. Most of the girls drank with their friends (67%) and without parental permission.

Over half of the users surveyed had experienced one or more complications as a result of drinking. Only 12% of the users had never experienced one of the conditions that result from excessive drinking, such as getting high, drunk, ill, or passing out.

Some personal and social factors that influenced the sample's drinking behavior were typical in other populations. For instance, the female students were less likely to drink and to drink less frequently than their male counterparts. This pattern was also evident in White populations. Also, in keeping with other studies, female students who placed more emphasis on religion were less likely to use alcohol. The data also supported the finding that both parents and peers have significant influences on youth drinking.

Conclusions. The differences in the drinking styles of this sample of young Black females and young people elsewhere can be partly explained by the differences in investigative settings. This study was conducted in an environment where drinking was disapproved and proscribed. Studies have shown that drinking within proscriptive environments often insulates the behavior from social controls and may engender more abusive use of alcohol. According to

the findings, teenage girls who drink usually did so without normal propriety, which tends to create abusive treatment toward alcohol. In short, proscriptive and abstinence environments often engender conditions conducive to abusive use irrespective, at least in this case, of ethnicity and sexual status.

HARFORD, THOMAS C. 1986. Drinking patterns among Black and nonblack adolescents: Results of a national survey. *Annals of the New York Academy of Sciences* 472:130-141. 16 refs.

This study identifies factors that relate to the use of alcohol among Black and nonblack students and which might account for the lower prevalence of drinking among Black students. Data were obtained from a 1974 cross-sectional survey of a nationwide probability sample of junior and senior high school students in grades 7-12 in the contiguous 48 states and in the District of Columbia. Results were compared between students who indicated that they were Black but not of Hispanic origin and all other nonblack students. Measures of alcohol consumption were obtained from beverage-specific estimates of the typical frequency of alcohol use, and variables such as demography, drinking models, attitudes, and behaviors were also used.

Findings. A third (33.3%) of the Black male students and 43.2% of the Black female students indicated that they abstained from alcohol or drank less than once a year. Among the nonblacks, 23% of the males and 30.8% of the females abstained or drank less than once a year. Blacks were of lower socioeconomic status, of Baptist/Methodist affiliations, from less intact families, from larger families, and had older peer networks. Blacks reported less parental drinking and less drinking among school peers and friends when compared with nonblacks. Social and conforming factors were rated by Blacks as less important than personal effects as reasons for drinking. Blacks had fewer drinking models and less access to alcohol than did nonblacks. Among the Black students, the drinkers tended to be boys and older in age, to have fewer older siblings, and to have a greater number of older companions.

The Black drinkers showed a similar pattern to nonblacks in respect to drinking models, attitudes, and behaviors. When compared with Black abstainers, Black drinkers reported more models for drinking, placed more importance on the social effects of drinking, had greater access to alcohol, had greater incidences of deviant behavior and marijuana use, and had less involvement in religion and school.

The major variables distinguishing Black and nonblack abstainers and drinkers were the same: parent's drinking, friends' drinking, importance of social effects of drinking, extent of deviant behavior, and amount of spending money.

Conclusions. For the most part, there were more similarities than differences in predictors of use among Blacks and nonblacks. This suggests similar environmental factors. There is a need to identify why, given this similarity, use onset is delayed among Blacks. It may be related to the fewer number of using peers.

HARFORD, THOMAS C., AND LOWMAN, CHERRY. 1989. Alcohol use among Black and White teenagers. In: *Alcohol Use among U.S. Ethnic Minorities*. NIAAA Research Monograph 18. DHHS Publication No. (ADM)89-1435. Rockville, Md.: National Institute on Alcohol Abuse and Alcoholism. pp. 51-61. 11 refs.

Data from a 1978 survey of high school students nationwide were analyzed in order to determine drinking patterns and problems among Black and White teenagers. The study was restricted to those students in the original survey who classified themselves as "black, not of Hispanic origin" (n=496) and as "white, not of Hispanic origin" (n=3,792). Analyses of covariance, with adjustments for socioeconomic status, school performance, religiosity, and geographic region, were conducted on four drinking measures: most recent use of alcohol; average amount of absolute alcohol drunk per day, beverage-specific frequency of use; and beverage-specific number of drinks per occasion. In addition, results for drinking contexts and for reasons for drinking and not drinking were examined.

Findings. Nearly twice as many Black students as Whites reported abstinence and infrequent drinking. Among Blacks, 34% of males and 41% of females said they either had never used alcohol or did so less than once a year; among Whites, the figures were 19% for males and 22% for females. Blacks also drank less than Whites; the average amount of absolute alcohol consumed per day for Black males was 0.34 ounces; for Black females, 0.18; for White males, 0.57; and for White females, 0.34.

Except for wine, Whites drank beer and liquor significantly more often than Blacks; for all beverage types, Whites consumed more alcohol at a typical drinking session than Blacks.

In response to the questions about drinking contexts, significantly more White than Black students who were frequent drinkers reported drinking both at home with parents and with peers only. Whites were more likely than Blacks to say they drank for social (to have a good time) and for conforming (to be part of the group) reasons.

Significant differences were found between Whites and Blacks (nondrinkers only) in reasons for not drinking. Higher percentages of Black students gave the following reasons for not drinking: tastes bad, against my religion, lose self-control, and makes you sick. Disapproval of friends as a reason for not drinking was more common among Whites than Blacks.

Conclusions. Two possible explanations for the differences in drinking patterns between Black and White students are unrepresentative sampling and underreporting. First, since school surveys exclude dropouts, it may be that Blacks have higher dropout rates and Black dropouts may have a large portion of

heavy drinkers. However, the evidence on drinking patterns among White and Black dropouts is not consistent, and census figures from 1977 indicate that up to age 18 dropout rates for White and Black students were roughly the same. Second, it may be that Blacks underreport their alcohol use, particularly those attending predominantly White schools. But no significant differences were found in reported frequency or quantity of drinking among Black students in predominantly White schools and those in predominantly Black schools. Further research is needed to determine more clearly the reasons for the differences in drinking patterns between Black and White high school students.

HARPER, FREDERICK D. 1988. Alcohol and Black youth: An overview. *Journal of Drug Issues* 18(1):7-14. 22 refs.

Empirical research and theoretical issues relevant to alcohol and Black youth studies of drinking patterns among Black youth and use correlates that appeared during the 1970s and 1980s are reviewed.

Explanations of drinking behavior among Black youth proposed in the 1960s were based on stereotypical beliefs about Blacks, but more recent theories have tended to emphasize the socialization to adult drinking patterns and the importance of psychosocial forces that affect the drinking practices of Blacks generally. Although an adequate theoretical framework for explaining alcohol use among Black youth has yet to be developed, the following propositions or assumptions would need to be included in such a theory: (1) Black youth tend to imitate the drinking styles of Black adults. (2) Black youth have lower rates of drinking than White youth. (3) Black residential neighborhoods have a high prevalence of liquor stores. (4) Black youth receive conflicting messages about alcohol. (5) Drinking problems among Black youth often result from a lack of knowledge about alcohol and its consequences and from lack of communuity consensus about appropriate drinking behavior. (6) Black youth are influenced by the many advertisements promoting alcohol in Black magazines, on television, and on billboards in Black neighborhoods. (7) Working single parents often make it possible for youth to use alcohol at home during school hours or at special occasions for celebration without parental supervision.

More research is needed on drinking problems rather than just rates and patterns of use and on Black youth living in inner cities, who are at high-risk for alcohol problems. Addressing the causes of alcohol problems would include providing alcohol education to Black young people and remedying those psychosocial factors that can result in alcohol abuse (unemployment, discrimination, poor health, crime, unstable families, etc.). Issues involving effective treatment and counseling of Black youth with alcohol problems include the appropriateness of traditionally White self-help groups, the role of organizations and groups in Black communities, and the question of who (in terms of race and role) should carry out these programs and where. Alcohol education and prevention should involve the entire community and should seek to provide alternative activities that would reduce the need to use alcohol.

MADDAHIAN, E.; NEWCOMB, M.D.; AND BENTLER, P.M. 1988. Risk factors for substance use: Ethnic differences among adolescents. Journal of Substance Abuse 1(1):11-23.

Risk factors for drug and alcohol use were studied among Hispanic, Black, Asian, and White adolescents. The number of risk factors was a significant correlate of prevalence and heavy use among all adolescents, but the effects were stronger for some drug/ethnic group combinations. For example, the association between the number of risk factors and frequency of hard drug use was substantially smaller for Blacks, compared with the other three ethnic groups. With initial level of use controlled for, risk factors were causal influences for increasing drug use among Hispanics and Whites. These effects for Blacks and Asians were in the same direction but not significant and were not significantly different from Hispanics and Whites. Implications for prevention and intervention are discussed.

SINGER, MARK I., AND PETCHERS, MARCIA K. 1987. A biracial comparison of adolescent alcohol use. *American Journal of Drug and Alcohol Abuse* 13(4):461-474. 22 refs.

Students (N=1,096) from two urban high schools in Cleveland were surveyed in order to compare the drinking behaviors of Black and White students.

Findings. While 25.6% of the White males had their first drinking experience at age 9 or younger, the percentages for the other groups were lower: Black males, 13.0%; Black females, 12.1%; and White females, 7.3%. Lifetime abstinence rates were higher among Blacks than among Whites: 17.3% of Black females and 12.8% of Black males reported never having used alcohol, compared with 5.6% of White males and females. White males reported the highest frequency of alcohol use (42% drank at least once a week). By comparison, drinking once a week was reported by 27.1% of White females, 26.2% of Black males, and 14.6% of Black females. The same pattern was shown when students were asked how often they had been drunk in the past two months: 43% of White males said they had been drunk two or more times; White females, 32.7%; Black males, 31.5%; and Black females, 22.4%. Among the various reasons given for drinking, White students were more likely than Blacks to state that they drink to be friendly and to avoid problems. Eight percent of White males stated that their fathers thought that it was permissible for them to drink alcohol, whereas the percentages for the other groups were much lower (Black males, 3.5%; White females, 0.9%; and Black females, 1.6%). About 60% of White males and females stated that more or all of their friends drank, while only 41.9% of Black males and 31.7% of Black females so stated.

Correlations between variables indicated that Black and White students were similar, with two exceptions. There was a significantly greater positive relationship between mothers' drinking behavior and the number of times drunk for Blacks than for Whites. The degree of religiosity had a stronger inverse relationship with the number of times drunk for Whites than for Blacks.

Conclusion. The results support other studies in finding lower levels of drinking among Blacks than among Whites. Also, Black students had higher levels of nondrinkers and lifetime abstinence rates. White males began drinking earlier, drank more frequently, and became drunk more often than the other groups. In general, the results suggest that drinking may serve different sociopsychological functions for Blacks and Whites and that the means by which drinking behaviors are transmitted differ between the two groups. Prevention programs need to take these differences into account.

REFERENCES

Anonymous. 1984. Alcohol prevention programming: Strategies for working with Black youth. *Grassroots/Education-Prevention*, pp. 1-6.

*Atkins, Bobbie J.; Klein, Michael A.; and Mosley, Bertha. 1987. Black adolescents' attitudes toward and use of alcohol and other drugs. *International of the Addictions* 22(12):1201-1211.

Austin, Gregory A. 1988. *Prevention Goals, Methods, and Outcomes*. Prevention Research Update 1, Fall. Portland, Ore.; Los Alamitos and San Francisco, Calif.: Western Center for Drug-Free Schools and Communities.

Austin, Gregory A. 1989. *Substance Abuse among Minority Youth: Native Americans*. Prevention Research Update 2, Winter. Portland, Ore.; Los Alamitos and San Francisco, Calif.: Western Center for Drug-Free Schools and Communities.

Austin, Gregory A., and Gilbert, M. Jean. 1989. *Substance Abuse among Latino Youth*. Prevention Research Update 3, Spring. Portland, Ore.; Los Alamitos and San Francisco, Calif.: Western Center for Drug-Free Schools and Communities.

Barnes, Grace M., and Welte, John W. 1986. Patterns and predictors of alcohol use among 7-12th grade students in New York state. *Journal of Studies on Alcohol* 47(1):53-61.

Barnes, Grace M., and Welte, John W. 1988. Predictors of driving while intoxicated among teenagers. *Journal of Drug Issues* 18(3):367-384.

Beaulieu, Michelle A., and Jason, Leonard A. 1988. A drug abuse prevention program aimed at teaching seventh grade students problem-solving strategies. *Children and Youth Services Review* 10:131-149. [Abstracted in Update 1]

Bell, Darnell. 1987. *Winners: A Culturally-Based, Values Clarification-Oriented, Creative Writing Primary Prevention Workbook for the Black Child.*. [Available from the Author, 1576 East King Jr. Blvd., Los Angeles, CA 90011.]

Blane, H.T., and Hewitt, L.E. 1977. *Alcohol and Youth: An Analysis of the Literature, 1960-1975*. Prepared for the National Institute on Alcohol Abuse and Alcoholism. Report No. PB-268-698. Springfield, Va.: National Technical Information Service.

Blount, William R., and Dembo, Richard. 1984. The effect of perceived neighborhood setting on self-reported tobacco, alcohol, and marijuana use among inner-city minority junior high school youth. *International Journal of the Addictions* 19:175-198.

Blount, William R., and Dembo, Richard. 1984. Personal drug use and attitudes toward prevention among youths living in a high risk environment. *Journal of Drug Education* 14:207-225.

Bowman, P.J. 1984. A discouragement-centered approach to studying unemployment among Black youth: Hopelessness, attributions, and psychological distress. *International Journal of Mental Health* 13:68-91.

Boyle, John M., and Brunswick, Ann F. 1980. What happened in Harlem? Analysis of a decline in heroin use among a generation unit of urban black youth. *Journal of Drug Issues* 10(1):109-130.

Braucht, G. Nicholas. 1982. Problem drinking among adolescents: A review and analysis of psychosocial research. In: *Special Populations Issues*. Alcohol and Health Monograph No. 4. DHHS Publication No. (ADM)82-1193. Rockville, Md.: National Institute on Alcohol Abuse and Alcoholism.

Brisbane, Frances. 1976. Causes and consequences of alcohol use among Black youth. *Journal of Afro-American Issues* 4(2):241-254.

Brisbane, Frances. 1985. Using contemporary fiction with Black children and adolescents in alcoholism treatment. *Alcoholism Treatment Quarterly* 2(3,4):179-197.

Brown, Freida, and Tooley, Joan. 1989. Alcoholism in the Black community. In: Lawson, G.W., and Lawson, A.W., eds. *Alcoholism and Substance Abuse in Special Populations*. Rockville, Md.: Aspen Publishers. pp. 115-130.

Brunswick, Ann F., and Tarica, Carol. 1974. Drinking and health: A study of urban Black adolescents. *Addictive Diseases* 1(1):21-42.

Brunswick, Ann F. 1977. Health and drug behavior: A study of urban Black adolescents. *Addictive Diseases* 3(2):197-214.

Brunswick, Anne F. 1979. Black youths and drug use behavior. In: Beschner, G.M. and Friedman, A.S., eds. *Youth Drug Abuse*. Lexington, Mass.: D.C. Heath. pp. 443-493.

Brunswick, Anne F., and Boyle, John M. 1979. Patterns of drug involvement: Developmental and secular influences on age at initiation. *Youth and Society* 11(2):139-162.

Brunswick, Anne F. 1980. Social meanings and developmental needs: Perspectives on Black youth's drug abuse. *Youth and Society* 11(4):449-473.

Brunswick, Anne F.; Merzel, Cheryl R.; and Messeri, Peter A. 1985. Drug use initiation among urban Black youth: A seven-year follow-up of developmental and secular influences. *Youth and Society* 17(2):189-216.

Brunswick, Anne F., and Messeri, Peter A. 1985. Timing of first drug treatment: A longitudinal study of urban Black youth. *Contemporary Drug Problems* 12(3):401-418.

*Brunswick, Anne F., and Messeri, Peter A. 1986. Drugs, lifestyle, and health: A longitudinal study of urban Black youth. *American Journal of Public Health* 76(1):52-57.

Brunswick, Anne F., and Messeri, Peter A. 1986a. Pathways to heroin abstinence: A longitudinal study of urban Black youth. *Advances in Alcohol and Substance Abuse* 5(3):111-135.

Byram, O. Wayne, and Fly, Jerry W. 1984. Family structure, race and adolescents' alcohol use: A research note. *American Journal of Drug and Alcohol Abuse* 10(3):467-478.

Caetano, Raul. 1984. Ethnicity and drinking in northern California: A comparison among Whites, Blacks, and Hispanics. *Alcohol and Alcoholism* 19(1):31-44.

Caetano, Raul, and Herd, Denise. 1984. Black drinking practices in northern California. *American Journal of Drug and Alcohol Abuse* 10(4):571-587.

Clifford, Patrick R., and Jones, Woodrow, Jr. 1988. Alcohol abuse, prevention issues, and the Black community. *Evaluation and the Health Professions* 11(2):272-277.

Clifford, Patrick R., and Rene, Antonio A. 1985. Substance abuse among Blacks: An epidemiological perspective. *Urban League Review* 9(2):52-58.

Connors, Gerald J.; Maisto, Stephen A.; and Watson, Donnie W. 1988. Racial factors influencing college students' ratings of alcohol's usefulness. *Drug and Alcohol Dependence* 21:247-252.

*Crisp, Anthony D. 1980. Making substance abuse prevention relevant to low-income Black neighborhoods. II. Research findings. *Journal of Psychedelic Drugs* 12(2):139-156.

Crisp, Anthony D. 1980a. Making substance abuse prevention relevant to low-income Black neighborhoods. *Journal of Psychedelic Drugs* 12(1):13-19.

Dawkins, Marvin P. 1976. Alcohol use among Black and White adolescents. In: Harper, Frederick D., ed. *Alcohol Abuse and Black America.* Alexandria, Va.: Douglass Publishers.

Dawkins, Marvin P. 1976. Research issues on alcohol abuse and Blacks. In: Harper, Frederick D., ed. *Alcohol Abuse and Black America.* Alexandria, Va.: Douglass Publishers. pp. 141-152.

Dawkins, Marvin P.; Farrell, W.C.; and Johnson, J.H. 1979. Spatial patterns of alcohol outlets in the Washington, D.C., Black community. *Proceedings of the Pennsylvania Academy of Sciences* 53:89-97.

Dawkins, Marvin P. 1980. *Alcohol and the Black Community: Exploratory Studies of Selected Issues.* Saratoga and Palo Alto, Ca.: Century Twenty-One, Division of R and E Research Associates.

Dawkins, Marvin P. 1980. Alcohol information on Black Americans: Current status and future needs. *Journal of Alcohol and Drug Education* 25(3):28-40.

Dawkins, Marvin P. 1985. Alcohol and Blacks, 1974-1984: Review and update of the literature. Paper presented at the 10th Anniversary Commemorative Symposium, Jackson State Interdisciplinary Alcohol Drug Studies Center, Jackson, MS, March 26-28, 1985.

*Dawkins, Marvin P. 1986. Social correlates of alcohol and other drug use among youthful Blacks in an urban setting. *Journal of Alcohol and Drug Education* 32(1):15-28.

*Dawkins, Marvin P. 1988. Alcoholism prevention and Black youth. *Journal of Drug Issues* 18(1):15-20.

Dawkins, Russell L., and Dawkins, Marvin P. 1983. Alcohol use and delinquency among Black, White and Hispanic adolescent offenders. *Adolescence* 18:799-809.

Dembo, Richard, and Burgos, William. 1976. A framework for developing drug abuse prevention strategies for young people in ghetto areas. *Journal of Drug Education* 6(4):313-325.

Dembo, Richard; Burgos, William; Babst, D.V.; Schmeidler, James; and Le Grand, L.E. 1978. Neighborhood relationships and drug involvement among inner city junior high school youths: Implications for drug education and prevention programming. *Journal of Drug Education* 8(3):231-252.

Dembo, Richard; Burgos, William; Des Jarlais, Don; and Schmeidler, James. 1979. Ethnicity and drug use among urban junior high school youths. *International Journal of the Addictions* 14(4):557-568.

Dembo, Richard; Farrow, D.; Schmeidler, James; and Burgos, William. 1979. Testing a causal model of environmental influences on the early drug involvement of inner city junior high school youths. *American Journal of Drug and Alcohol Abuse* 6(3):313-336.

Dembo, Richard; Farrow, D.; Des Jarlais, Don; Burgos, William; and Schmeidler, James. 1981. Examining a causal model of early drug involvement among inner-city junior high school youths. *Human Relations* 34:169-193.

Dembo, Richard, and Shern, D. 1982. Relative deviance and the process(es) of drug involvement among inner-city youths. *International Journal of the Addictions*17:1373-1399.

Dembo, Richard; Ciarlo, J.A.; and Taylor, R.W. 1983. A model for assessing and improving drug abuse treatment resource use in inner-city areas. *International Journal of the Addictions* 18(7):921-936.

Dembo, Richard; Blount, William R.; Schmeidler, James; and Burgos, William. 1986. Perceived environmental drug use risk and the correlates of early drug use and non-use among inner-city yuoths: The motivated actor. *International Journal of the Addictions* 21:(9/10). 977-1000.

Dembo, Richard; Dertke, Max; Borders, Scott; Washburn, Mark; and Schmeidler, James. 1988. The relationship between physical and sexual abuse and tobacco, alcohol, and illicit drug use among youths in a juvenile detention center. *International Journal of the Addictions* 23(4):351-378.

Dignan, M.B.; Steckler, A.; Block, G.D.; Howard, G.; and Cosby, M. 1986. Prevalence of health-risk behavior among seventh-grade students in North Carolina. *Southern Medical Journal* 79(3):295-298, 302.

Donovan, J.E., and Jessor, R. 1978. Adolescent problem drinking: Psychosocial correlates in a national sample study. *Journal of Studies on Alcohol* 39(9):1506-1524.

Donovan, J.E., and Jessor, R. 1983. Problem drinking and the dimension of involvement with drugs: A Guttman scalogram analysis of adolescent drug use. *American Journal of Public Health* 73:543-552.

Earls, Felton, and Powell, Jack. 1988. Patterns of substance use and abuse in inner-city adolescent medical patients. *Yale Journal of Biology and Medicine* 61:233-242.

Ensminger, M.E.; Brown, C.H.; and Kellam, S.G. 1982. Sex differences in antecedents of substance use among adolescents. *Journal of Social Issues* 38:25-42.

Frank, Blanche; Marel, Rozanne; and Schmeidler, James. 1988. The continuing problem of youth solvent abuse in New York State. In: Crider, R.A., and Rouse, B.A., ed. *Epidemiology of Inhalant Abuse: An Update*. NIDA Research Monograph 85. DHHS Publication No. (ADM)88-1577. Washington, D.C.: GPO.

Fredlund, Eric V.; Spence, Richard T.; and Maxwell, Jane Carlisle. 1989. *Substance Use among Students in Texas Secondary Schools, 1988*. Austin: Texas Commission on Alcohol and Drug Abuse.

Freeman, R.B., and Wise, D.A. 1982. The youth labor market problem: Its nature, causes, and consequences. In: Freeman, R.B., and Wise, D.A., eds. *The Youth Labor Market Problem*. Chicago: Chicago University Press.

Friedman, A.S.; Glickman, N.; and Utada, A. 1985. Does drug and alcohol use lead to failure to graduate from high school? *Journal of Drug Education* 15(4):353-364.

*Gary, Lawrence E., and Berry, Greta L. 1985. Predicting attitudes toward substance use in a Black community: Implications for prevention. *Community Mental Health Journal* 21(1):42-51.

Gay, John E. 1981. Alcohol and metropolitan Black teenagers. *Journal of Drug Education* 11(1):19-26.

Gibbs, Jewelle T. 1984. Black adolescents and youth: An endangered species. *American Journal of Orthopsychiatry* 54(1):6-21.

Globetti, Gerald. 1970. The drinking patterns of Negro and White high school students in two Mississippi communities. *Journal of Negro Education* 39(1):60-69.

Globetti, Gerald. 1977. Alcohol use among Black youth in a rural community. *Drug and Alcohol Dependence* 2(4):255-260.

*Globetti, Gerald; Alsikafi, Majeed; and Morse, Richard. 1980. Black female high school students and the use of beverage alcohol. *International Journal of the Addictions* 15(2):189-200.

Globetti, Gerald. 1985. General considerations on prevention of alcohol abuse and alcohol problems in children and adolescents. In: Jeanneret, O., ed. *Alcohol and Youth*. New York: Karger. pp. 95-107.

Globetti, Gerald. 1988. Alcohol education programs and minority youth. *Journal of Drug Issues* 18(1):115-129. [Abstracted in Update 2]

Harford, Thomas C. 1985. Drinking patterns among Black and nonblack adolescents: Results of a national survey. In: Wright, Roosevelt, Jr., and Watts, Thomas D. eds. *Prevention of Black Alcoholism*. Springfield, Ill.: Charles C. Thomas.

*Harford, Thomas C. 1986. Drinking patterns among Black and nonblack adolescents: Results of a national survey. *Annals of the New York Academy of Sciences* 472:130-141.

*Harford, Thomas C., and Lowman, Cherry. 1989. Alcohol use among Black and White teenagers. In: *Alcohol Use among U.S. Ethnic Minorities*. NIAAA Research Monograph 18. DHHS Publication No. (ADM)89-1435. Rockville, Md.: National Institute on Alcohol Abuse and Alcoholism. pp. 51-61.

Harper, Frederick D. 1976. *Alcohol Abuse and Black America*. Alexandria, Va.: Douglass Publishing.

Harper, Frederick D., and Dawkins, Marvin P. 1976. Alcohol and Blacks: A survey of the periodical literature. *British Journal of Addiction* 71:327-334.

*Harper, Frederick D. 1988. Alcohol and Black youth: An overview. *Journal of Drug Issues* 18(1):7-14.

Harvey, W.B. 1985. Alcohol abuse and the Black community: A contemporary analysis. *Journal of Drug Issues* 15(1):81-91.

Herd, Denise. 1986. Review of drinking patterns and alcohol problems among U.S. Blacks. In: Malone, Thomas E., chair. *Report of the Secretary's Task Force on Black and Minority Health*, Volume VII: *Chemical Dependency and Diabetes*. Washington, D.C.: GPO. pp. 75-140.

Herd, Denise. 1989. The epidemiology of drinking patterns and alcohol-related problems among U.S. Blacks. In: *Alcohol Use among U.S. Ethnic Minorities*. NIAAA Research Monograph 18. DHHS Publication No. (ADM)89-1435. Rockville, Md.: National Institute on Alcohol Abuse and Alcoholism. pp. 3-50.

Higgins, P.C.; Albrecht, G.L.; and Albrecht, M.H. 1977. Black-White adolescent drinking: The myth and the reality. *Social Problems* 25(2):215-224.

Holliday, Bertha G. 1983. Making the best of a bad situation: Pragmatic planning strategies for Black alcohol prevention efforts in the 1980s. In: Watts, Thomas D., and Wright, Roosevelt, Jr., eds. 1983. *Black Alcoholism: Toward a Comprehensive Understanding*. Springfield, Ill.: Charles C. Thomas. pp. 152-161.

Humphrey, J.A.; Stephens, V.; and Allen, D.F. 1983. Race, sex, marijuana use and alcohol intoxication in college students. *Journal of Studies on Alcohol* 44:733-738.

Humphrey, J.A., and Friedman, J. 1986. Onset of drinking and intoxication among university students. *Journal of Studies on Alcohol* 47(6):455-458.

Hunt, Dana E. 1987. *Crack.* (Drug Abuse Information and Monitoring Project Monograph Report). Sacramento: California Department of Alcohol and Drug Programs.

Jackson, Nancy; Carlisi, John; Greenway, Chris; and Zalesnick, Marlene. 1981. Age of initial drug experimentation among White and nonwhite ethnics. *International Journal of the Addictions* 16(8):1373-1386.

Johnson, R.L. 1985. Black adolescents: Issues critical to their survival. *Journal of the National Medical Association* 77(6):447-448.

Kandel, Denise. 1975. Stages in adolescent involvement in drug use. *Science* 190:912-914.

Kellam, Sheppard G.; Stevenson, D.L.; and Rubin, B.R. 1983. How specific are the early predictors of teenage drug use? In: *Problems of Drug Dependence 1982: Proceedings of the 44th Annual Scientific Meeting, The Committee on Problems of Drug Dependence, Inc.*. NIDA Research Monograph Series 43. Washington, D.C.: GPO. pp. 329-334.

King, Lewis M. 1982. Alcoholism: Studies regarding Black Americans, 1977-1980. In: *Special Population Issues.* Alcohol and Health Monograph 4. DHHS Publication No. (ADM)82-1193. Rockville, Md.: National Institute on Alcohol Abuse and Alcoholism. pp. 385-410.

King, S.W. 1985. Black females and alcoholism prevention strategies. In: Wright, Roosevelt, Jr., and Watts, Thomas D., eds. *Prevention of Black Alcoholism.* Springfield, Ill.: Charles C. Thomas.

Kovack, John A., and Glickman, Nita W. 1986. Levels and psychosocial correlates of adolescent drug use. *Journal of Youth and Adolescence* 15(1):61-77.

Lipscomb, Wendell R., and Goddard, Lawford L. 1984. Black family features and drinking behavior. *Journal of Drug Issues* 14(2):337-347.

Lowman, Cherry; Harford, Thomas C.; and Kaelber, Charles T. 1983. Alcohol use among Black senior high school students. *Alcohol Health and Research World* 7(3):37-46.

Maddahian, Ebrahim; Newcomb, Michael D.; and Bentler, Peter M. 1985. Single and multiple patterns of adolescent substance use: Longitudinal comparisons of four ethnic groups. *Journal of Drug Education* 15:311-326.

Maddahian, Ebrahim; Newcomb, Michael D.; and Bentler, Peter M. 1986. Adolescents' substance use: Impact of ethnicity, income and availability. *Advances in Alcohol and Substance Abuse* 5(3):63-79.

Maddahian, Ebrahim; Newcomb, Michael D.; and Bentler, Peter M. 1988. Adolescent drug use and intention to use drugs: Concurrent and longitudinal analyses of four ethnic groups. *Addictive Behaviors* 13:191-195. [Abstracted in Update 2]

*Maddahian, Ebrahim; Newcomb, Michael D.; and Bentler, Peter M. 1988. Risk factors for substance abuse: Ethnic differences among adolescents. *Journal of Substance Abuse* 1(1):11-23.

Martin, Cortez H. 1984. The relationship between level of self-concept and drinking patterns of Black youth. Ph.D. dissertation, Howard University. [*Dissertation Abstracts International* 46(2):521A, 1985.]

Maton, Kenneth I., and Zimmerman, Marc A. 1989. Psychosocial predictors of substance use among urban Black male adolescents. Unpublished paper: Cross-sectional and prospective analyses.

Maypole, D.E., and Anderson, R. 1983. Minority alcoholism programs: Issues in service delivery models. *International Journal of the Addictions* 18(7):987-101.

Messeri, Peter A., and Brunswick, Anne F. 1987. Heroin availability and aggregate levels of use: Secular trends in an urban Black cohort. *American Journal of Drug Abuse* 13(1,2):109-133.

Miranda, Valetta L. 1983. Black alcohol prevention programming: Past, present, future. In: Watts, Thomas D., and Wright, Roosevelt, Jr., eds. 1983. *Black Alcoholism: Toward a Comprehensive Understanding.* Springfield, Ill.: Charles C. Thomas. pp. 162-173.

Monroe-Scott, Bettina, and Miranda, Valetta L. 1981. *A Guidebook for Planning Alcohol Prevention Programs with Black Youth.* DHHS Publication No. (ADM)81-1055. Rockville, Md.: National Clearinghouse for Alcohol Information. [ERIC document number ED227374]

Morgan, Maria C.; Wingard, Deborah L.; and Felice, Marianne E. 1984. Subcultural differences in alcohol use among youth. *Journal of Adolescent Health Care* 5:191-195.

Mosley, Bertha; Atkins, Bobbie; and Klein, Michael. 1988. Alcoholism and Blacks. *Journal of Alcohol and Drug Education* 33(2):51-58.

Mott, Frank L., and Haurin, R. Jean. 1988. Linkages between sexual activity and alcohol and drug use among American adolescents. *Family Planning Perspectives* 20(3):128-136.

Murray, David M.; Perry, Cheryl L.; O'Connell, Catherine; and Schmid, Linda. 1987. Seventh-grade cigarette, alcohol, and marijuana use: Distribution in a north central U.S. metropolitan population. *International Journal of the Addictions* 22(4):357-376.

NIDA [National Institute on Drug Abuse]. 1988. *National Household Survey on Drug Abuse: Main Findings 1985.* DHHS Publication No. (ADM)88-1565. Washington, D.C.: GPO.

Nobles, Wade W.; Goddard, Lawford L.; Cavil, William E.; and George, Pamela Y. 1987. *The Culture of Drugs in the Black Community.* Oakland, Ca.: Black Family Institute Publications, Institute for the Advanced Study of Black Family Life and Culture.

Payton, C.R. 1981. Substance abuse and mental health: Special prevention strategies needed for ethnics of color. *Public Health Reports* 96(1):20-25.

Rachal, J.V.; Guess,L.; Hubbard, R.; et al. 1982. Alcohol misuse by adolescents. *Alcohol Health and Research World* 6(3):61-75.

Rachal, J.V.; Maisto, S.A.; Guess, L.L.; and Hubbard, R.L. 1982. Alcohol use among youth. In: *Alcohol Consumption and Related Problems*. Alcohol and Health Monograph No. 1. DHHS Publication No. (ADM)82-1190. Washington: GPO. pp. 55-95.

Schaps, E.; DiBartolo, R; Moskowitz, J.; Palley, C.; and Churgin, S. 1981. Primary prevention evaluation research: A review of 127 impact studies. *Journal of Drug Issues* 11:17-43.

Secretary's Task Force on Black and Minority Health. 1985. *Report. Volume I: Executive Summary*. U.S. Department of Health and Human Services. Washington, D.C.: GPO.

*Singer, Mark I., and Petchers, Marcia K. 1987. A biracial comparison of adolescent alcohol use. *American Journal of Drug and Alcohol Abuse* 13(4):461-474.

Skager, Rodney; Fisher, Dennis; and Maddahian, Ebrahim. 1986. A *Statewide Survey of Drug and Alcohol Use among California Students in Grades 7, 9, and 11: Winter 1985-1986*. Report to Attorney General John K. Van de Kamp. Sacramento: Office of the Attorney General.

Thompson, Ted, and Simmons-Cooper, Cynthia. 1988. Chemical dependency treatment and Black adolescents. *Journal of Drug Issues* 18(1):21-31.

Trimble, Joseph E.; Padilla, Amado M.; and Bell, Catherine S., eds. 1987. *Drug Abuse among Ethnic Minorities*. DHHS Publication No. (ADM)87-1474. Rockville, Md.: National Institute on Drug Abuse.

Viamontes, J.A., and Powell, B.J. 1974. Demographic characteristics of Black and White male alcoholics. *International Journal of the Addictions* 9:489-494.

WACADA [Washington Area Council on Alcoholism and Drug Abuse]. 1989. *Questions answered about drug abuse among Africa-American youth*. [Flyer]

Watts, Thomas D., and Wright, Roosevelt, Jr., eds. 1983. *Black Alcoholism: Toward a Comprehensive Understanding*. Springfield, Ill.: Charles C. Thomas.

Watts, Thomas D., and Wright, Roosevelt, Jr. 1985. Some notes on Black alcoholism prevention. *Journal of Alcohol and Drug Education* 30(2):1-3. [Reprinted from Watts and Wright 1983:125-128]

Watts, Thomas D., and Wright, Roosevelt, Jr. 1986. *Black Alcohol Abuse and Alcoholism: An Annotated Bibliography [1943-1985]*. New York: Praeger Publishers.

Weibel-Orlando, Joan. 1986. Women and alcohol: Special populations and cross-cultural variations. In: *Women and Alcohol: Health-Related Issues*. Proceedings of a Conference, May 23-25, 1984. NIAAA Research Monograph 16. DHHS Publication No. (ADM)86-1139. Rockville, Md.: National Institute on Alcohol Abuse and Alcoholism. pp. 161-187.

Welte, John W., and Barnes, Grace M. 1985. Alcohol: The gateway to other drug use among secondary-school students. *Journal of Youth and Adolescence* 14(6):487-498.

Welte, John W., and Barnes, Grace M. 1987. Alcohol use among adolescent minority groups. *Journal of Studies on Alcohol* 48(4):329-336. [Abstracted in Update 2]

Williams, Millree. 1982. Blacks and alcoholism: Issues in the 1980s. *Alcohol Health and Research World* 6(4):31-40. [Reprinted in: Wright, Roosevelt, Jr., and Watts, Thomas D., eds. 1985. *Prevention of Black Alcoholism: Issues and Strategies*. Springfield, Ill.: Charles C. Thomas. pp. 13-31.

Wright, Roosevelt, Jr., and Watts, Thomas D., eds. 1985. *Prevention of Black Alcoholism: Issues and Strategies*. Springfield, Ill.: Charles C. Thomas.

Wright, Roosevelt, Jr., and Watts, Thomas D. 1988. Alcohol and minority youth. *Journal of Drug Issues* 18(1):1-6. [Abstracted in Update 2]

Yamaguchi, K., and Kandel, D. 1984. Patterns of drug use from adolescence to young adulthood. III. Predictors of progression. *American Journal of Public Health* 74:673-681.

Zucker, Robert A., and Harford, Thomas C. 1983. National study of the demography of adolescent drinking practices in 1980. *Journal of Studies on Alcohol* 44(6):974-985.

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